Women, Children, and Family Treatment (WCFT) NIATx Collaborative

Final Report

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About this Project

In the Women, Children, and Family Treatment (WCFT) NIATx Collaborative, NIATx provided technical assistance to 15 agencies of the Substance Abuse and Mental Health Administration (SAMHSA) Center for Substance Abuse's (CSAT) Women, WCFT program. The purpose of this collaborative was to increase family engagement in treatment for pregnant and parenting women in recovery.

The collaborators in this project were JBS, NIATx and 15 SAMHSA/CSAT WCFT grantees. Throughout this report, we refer to the treatment agencies as "sites." NIATx provided assistance that has come to define the NIATx learning collaborative model: face-to-face meetings, coaching, training on the NIATx model of process improvement, and regular teleconference calls to promote peer networking.

This report describes how the sites used the NIATx model to increase family involvement in treatment services for pregnant and postpartum women. Research supports increasing family engagement as a way to improve treatment outcomes for pregnant and postpartum women with substance abuse problems.

Over the course of the collaborative, the participating sites developed a set of practice examples that helped them increase family engagement. These practices are not evidence-based (supported by research) but did prove effective at increasing engagement among the sites involved. A section of this report describes these practice examples for other organizations to test in their own efforts to increase family engagement.

Introduction

Beginning in June 2009, 15 agencies from SAMHSA's 2008 WCFT grant program began to work with NIATx to increase family engagement in treatment for pregnant and parenting women in recovery. The project, titled the WCFT NIATx Collaborative, the participating agencies used the NIATx model of process improvement to identify and remove barriers to family engagement.

Recognizing that women in treatment benefit from relationship-based programs, treatment agencies need effective ways to engage family members or significant others in a meaningful way in their programs. Improved engagement with non-residential children, fathers and father figures of the children and other significant others leads to opportunities for meaningful involvement. Engagement is seen as a first step; developing processes that result in family members showing up at the program is a key beginning.

Family engagement has been stated as a fundamental element of treatment (Etheridge & Hubbard, 2000), noted to predict improved retention in treatment (Liddell, 2004) and can lead to better outcomes (Copello et al., 2005). Treatment agencies need to develop practices that not only support care for the substance abuser (Roozen et al.,

2010), but also support family engagement (Copello, et al., 2009) and care for the affected family members.

For many agencies this requires a new way of providing services within their programs. In the WCFT NIATx Collaborative, NIATx helped participating agencies examine the processes or systems within their organizations that affect family engagement. The participating agencies developed, tested, and promoted practice examples for increasing engagement of family members (particularly fathers, father-figures, and children who do not live in the program) to support of recovery for pregnant or post-partum women (PPW) in substance abuse treatment.

Delivering NIATx to the WCFT Programs

In June 2009, at the direction of their Center for Substance Abuse Treatment (CSAT) project officer, staff from the fifteen 2008 WCFT sites participated in a one-day learning session. This session provided an introduction to the NIATx process improvement model. The sites received training on the fundamentals of process improvement and successful principles for organizational change. They also learned about previous process improvement efforts to increase family engagement by the 2006 WCFT sites. Due to a gap in technical assistance funding however, NIATx support to these programs was put on hold until April 2010, when NIATx scheduled a refresher training webinar and assigned a NIATx coach to each of the sites.

The four NIATx coaches selected for the WCFT NIATx collaborative are considered "master" coaches, having guided successful improvement projects for multiple agencies. They were matched with the sites based on their past experience working with 2006 WCFT sites as well as their expertise in using he NIATx model to increase engagement. The coaches provided in-depth instruction on fundamentals of the NIATx model, rapid-cycle testing, how to develop a change team, how to use the nominal group technique for decision-making, flow-charting, the walk-through exercise, and how to measure the effectiveness of changes designed to improve family engagement.

Coaches worked with their assigned agencies no less than once a month throughout the project. They provided support through regular telephone meetings and by e-mail as needed to guide the sites on the process improvements (changes) they were actively testing.

In August and September 2010, the sites were separated into two tiers. One group of sites was selected to receive in-person support through a site visit by its designated coach, in addition to the ongoing phone and e-mail support. The other group would continue to receive phone and e-mail support. The CSAT project officer determined the tier delegation, based on the projected benefit of coaching assistance. From September 2010 through May 2011, all sites and coaches participated in monthly webinars to promote sharing of results and ideas among programs.

In June of 2011, a daylong close out meeting brought all sites together for a day-long face-to-face close out meeting. This allowed them to learn from one another and share

their results and their experience using the NIATx model to improve engagement. Sites provided suggestions for disseminating the information to the field.

Identifying Barriers

A global NIATx concept is to learn to systematically identify barriers or gaps to meeting a desired goal—in this case, increased family engagement, and to use process improvement techniques to test ideas for achieving the goal. To this end, programs were encouraged to look at their existing programs and examine them for their potential to be altered in ways that could establish or improve family engagement.

The sites identified the following barriers to family engagement:

- Staff beliefs about the women's families. Many staff believed that clients were disaffected from their families of origin, and therefore, no outreach to families was necessary. Yet, in many cases, women return to live with one or more family members after completing residential treatment. In some cases, staff members viewed the family of origin as the source of the client's addiction problems and a possible trigger for relapse.

- At many sites there was a strong bias against the client's male partner or significant other. Engaging male partners and those individuals identified as father of the baby (FOB) was often met with strong ambivalence or avoidance, due to concerns about domestic violence and/or drug use. In some cases, the staff's protective stance towards the client creates a barrier to inclusion of males

- Some sites had concerns that increasing family engagement could affect the safety of the women and their children

The NIATx Model

In this model, staff members from all levels of an organization work together to improve the processes that affect the targeted aim—in this case, increasing family engagement. One of the first activities in a NIATx change project is to assign key roles: the **executive sponsor, the change leader, and the change team.**

The executive sponsor—typically the director or Chief Executive Officer of an organization—is responsible for authorizing the time and resources needed to complete the project successfully. The Executive Sponsor also designates a staff member as Change Leader to improve a process that influences the aim. Together, the Executive Sponsor and the Change Leader agree on a plan for a Change Project: a process improvement initiative that targets one aim, one level of care, at one location, with one population.

The change leader is responsible for organizing and conducting the project. Together, the executive sponsor and change leader also assemble a change team, which includes staff members and, in same cases, customers.

Who should be on the Change Team?

The change team should consist of no more than seven people. The team should include members from all areas critical to the functioning of the system that is the focus of improvement activities.
This may include:

- Workers and supervisors in the unit (e.g., parts of the organization) where the changes will be implemented
- Others who are affected by the change (e.g., other departmental staff if the change crosses departments, patients, etc.)
- People with special knowledge about a specific change (e.g., patients, information technology staff, etc.)

A change team should also represent diverse talents. For example, it helps to have people who are creative and insightful, people who are good at follow-through, and people who are good with details.

It's also helpful for a change team to include people with other perspectives: clients and/or family members.

Steps in the NIATx Process

The table below provides an outline of the steps a change team follows in a typical NIATx change project. NIATx coaches trained the sites how to apply the NIATx model to increase family engagement.

How-to Steps for the NIATx Process Improvement Model		
STEP #	TASK	PEOPLE
1	Identify one important problem to improve and a process to focus on; define your aim	Executive Sponsor and Change Leader
2	Conduct a walk-through of the process as "the customer"	Executive Sponsor and Change Leader
3	Assemble a change team	Executive Sponsor and Change Leader
4	Review walk-through experience with Change Team; identify strengths & opportunities in the process	Change Leader and Change Team
5	Flowchart the process; identify bottlenecks and barriers	Change Leader and Change Team
6	Conduct an Nominal Group Technique (NGT) exercise to brain storm solutions and vote on which change to test first	Change Leader and Change Team
7	Assign roles among the Change Team and document your Change Project	Change Leader and Change Team
8	Conduct rapid-cycle testing **until you achieve your aim**. • Test only one change per cycle • Use the Plan-Do-Study-Act (PDSA) framework	Change Leader and Change Team
9	Develop a sustainability plan for your change project to hold the gains	Change Leader and Change Team
10	Celebrate! Change project is completed	Executive Sponsor, Change Leader and Change Team
11	Tell Your Story - Sharing your change project results	Change Leader

Key activities in a NIATx change project include:

Conducting a walk-through. To start any improvement effort, the Change Leader and one other person, ideally the Executive Sponsor, conduct a walk-through to experience what it's like to be a "customer" of the agency or facility. The walk-through helps the change team understand the customer's perspective. It also uncovers barriers to the targeted aim. For example, a simple walk-through is to have the Executive Sponsor or Change Leader call the site to request information or set up an intake appointment. For many organizations, this simple activity has uncovered inadequate phone service, nonstop busy signals, or an endless series of voice mail prompts. Improving the phone answering system is a quick and often low-cost fix that can improve the client experience significantly.

The Nominal Group Technique (NGT). Designed to promote group participation in the decision-making process, the NGT can be used by small groups to reach consensus on identifying a key problem or developing a solution to try out during rapid-cycle testing.

Rapid-cycle Testing. In rapid-cycle testing, a change team conducts a series of Plan-Do-Study-Act (PDSA) cycles, in rapid succession. This is a way to test a particular change on a small scale, learn from it, and then try it again. The results of every change cycle are compared to pre-test measurements to ensure that the change is actually an improvement.

Using data to measure improvement. Measuring the impact of change is an important aspect of successful organizational improvement. By collecting data before, during, and after testing a change, the change team can measure, evaluate, and compare toward the goals set. NIATx encourages change teams to begin with a simple measurement system—paper and pencil, or a basic spreadsheet—rather than spending time developing a complex measurement system.

Summary: NIATx Methodology for the NIATx WCFT Collaborative

The primary aim of the collaborative was to increase the number and consistency of contacts between residential clients and their family (to include children's fathers, father figures, other important males in the client's life.).

NIATx offered monthly group webinars for all sites and coaches that addressed the primary aims and methods to achieve. NIATx coaches provided training on the NIATx model, tracking measures, and data collection practices. Coaches made visits to selected sites. Sites were also able to learn from each other through regular peer networking activities, such as interest circle calls.

To measure the success of their change projects, sites were instructed to collect data related to engagement. Tracking measures for this goal included:

- The number of contacts made between the family. Contacts were typically measured by attendance at family-focused events or visits to the agency.

- The number of family-focused events. For instance, a support group for fathers on a specific date *would* be counted as one event.
- Client satisfaction measures. These measures were based on the agency's preferred measure.
- Daily census.

Rapid-Cycle Testing Changes to Increase Family Engagement Using the PDSA (Plan-Do-Study-Act) Cycle

Plan

- Conduct a walk-through, to experience agency processes as a customer does. Conduct a focus group or survey of residents, family members, and social service agencies to identify barriers to family engagement.

- Based on walk-through results, gather baseline data on the measures to be tracked going forward. For example, if a walk-through revealed low attendance at a support group for fathers or father figures, a site would record attendance for a brief period (one month) before implementing the change.

- Brainstorm ideas for changes aimed at increasing family engagement. Select a change that can be implemented with results measured within a short time period. While short cycles such as four weeks are preferred, some residential agencies find a longer measure like eight weeks to be more manageable

- Assign roles and responsibilities among the change team members. Clearly demarcate assignments like communication with staff, residents, and families as well as data responsibilities.

For sites working to increase engagement of children:

- Have staff with proper training in childhood development available to work with children and to help with anticipated upswing in young child activities.

- Make sure adequate supplies and age-appropriate equipment are available for activities for young children.

- Make sure counselors have time to provide support for residents whose children do not participate or unexpectedly no-show for meetings or events

Do

- Change Team: Implement the change to be tested with a clear start and end date. Rapid-cycle testing encourages that changes be tested over a short period of time (two to four weeks) with a small group target group. For example, a PPW site might wish to test whether making reminder phone calls one day in advance of a meeting would increase weekly attendance in a support group for fathers over a four-week period.

- Change leader monitor change project activity and data collection at regular change team meetings.

Study

- End the change cycle on the date as planned and tally the data as quickly as possible

- Convene the Change Team as quickly as possible—preferably within one week of the completed change cycle. Listen to anecdotes that may include unexpected results or findings and may identify resource needed for the next change cycle

- Study data and determine whether change cycle met its objective. Decide whether to re-test, adopt, modify or eject

- Plan the next change cycle and begin it as soon as possible

Act

- Inform all staff of results and next plans.

- Share data widely with as many parties as is appropriate

- Celebrate successes

- If re-testing or adapting, continue with what is already in place

- If adapting or engaging in a wholly new change, repeat steps above

Collecting Data

Thirteen of the 15 change teams used attendance as their tracking measure for family engagement. Some programs measured attendance concisely as having the targeted relative (i.e., father, partner, significant other, non-resident kids, family, other care givers) being present for a specific activity. Sites varied in the type of activity they were targeting; in general, these were either educational, counseling, or recreational/fun in nature. Some sites measured attendance at general visitation. Others targeted an attendance in any activity rather than focusing in on one specific activity. Two programs did not use attendance as a tracking measure. One program tracked of the quality of phone calls between the resident women and their non-resident children. Another program tracked residents' continuation in residential treatment beyond the first week.

Practice Examples

This report describes some of the practices the sites developed and tested to increase family engagement in their programs. These are administrative or clinical practices that have proven effective at achieving a specific aim and hold promise for other organizations. They are not evidence-based practices (supported by research). The brief stories that follow highlight these examples for other agencies interested in increasing family member engagement and developing a family-centered culture. The practices the fifteen programs tested are grouped in the following categories:

1. Engaging Fathers and Father Figures
2. Increasing Involvement of Younger Children in Women's Residential Treatment
3. Increasing Involvement of Older Children in Women's Residential Treatment
4. Engaging Extended Family Members in Women's Residential Treatment

1. Engaging Fathers and Father Figures

The Opportunity

Mothers in residential treatment often do not have consistent and ongoing contact with children's fathers or father figures. This can result in (1) reduced family and extended family support for individuals in service; (2) reduced motivation to complete treatment; (3) poor compliance with treatment, and (4) early attrition from the program. Additionally, most programs in the PPW program were not originally designed to include men in regular visitation and support activities.

Approach

PPW programs as well as other residential programs can focus upon improving residents' contact with the fathers or father figures and extended family fathers of their children by (1) changing the culture and activities to increase inclusion and involvement of men, fathers, and father figures, and (2) increasing frequency, intensity and consistently of the father figures' visitation, providing them with additional support, and encouraging their participation.

Featured Stories

Case Management of Memphis, Tennessee did not perceive the father figure as part of the treatment and recovery process. Father figures' activity was limited to inviting them to the weekly family night and the clients' graduation ceremonies. The program did not conduct any outreach to the fathers and clients were not asked to encourage fathers to attend these events, resulting in poor attendance.

The Case Management change team gained a new appreciation of the positive impact father figures could have on their clients' success after attending a learning session that was offered as part of the WCFT NIATx Collaborative. However, some staff were wary that the father figures would be abusive or persuade the women to give up her recovery. With continuing training on the NIATx process and support from their coaches, the Case Management team began to consider changes to test that would improve engagement of fathers and father figures.

Case Management's Families Starting Anew project was one change project that aimed to increase the frequency, intensity and consistently of visitation by fathers and father figures.

The first promising practice the team tested and adopted was to offer a biweekly group for fathers and father figures. This group, called *Color Him Father,* focused on discussing fatherhood and provided parenting skills. The residents' counselor or case manager invited the father or father figure to the group. A male counselor facilitated this multicultural group, which reflected the cultural mix of women in the program. The group met twice monthly for eight months, for a total of 16 sessions.

A second promising practice the change team tested was to encourage fathers or father figures to attend weekly family night. This event included a meal. Fathers were invited

to the family night at the same time they were invited to *Color Him Father* or at any point of interaction between a father figure and a staff member.

In the nine months before the WCFT NIATx Collaborative, Case Management recorded only four incidents of fathers attending either the family night or a graduation. In the nine months from October 2010 to June 2011, contacts increased to 31 (10 for *Color Him Father* group, 11 for family night, and 12 for graduation). Since the implementation of *Color Him Father group*, overall male participation has increased as much as 300% (from 4 to 12 men).

The Case Management change team adopted this change, with a plan to continue to offer the biweekly *Color Him Father* group. The plan added this group to the agency's standard group and staffing schedules. Encouraging mothers to have the father figures participate in this group became part of the standard counselor procedure.

In addition to the quantitative improvements, counselors made these qualitative observations regarding the new process:

> "We see increased client motivation and increased comfort knowing her partner (children's father) is participating in a group session versus attending a family event and not engaged in the recovery process."
> "There have been improvements in clients' positive participation in treatment and desire to do well."
> "There are less negative distractions caused family issues for residents. "

A quote from the agency provides a great summary of the experience. "The culture of our organization has changed toward inclusion of families, fathers and father figures, and all children."

Lessons Learned

• Creating an aim to increase father and father figure involvement and then using NIATx rapid-cycle testing technology to improve involvement can move a service from client-oriented to father welcoming and family-oriented.

• The key male in a child's life may not be the biological father, and efforts must be made to identify and include father figures.

Other Examples

The examples that follow provide other ideas for organizations to consider in their efforts to increase father engagement. They are not intended to serve as an empirical comparison to other practices in the document. All examples were conducted over the nine-month collaborative.

- Good Samaritan offered co-parenting and education groups for fathers and father figures ("Families Include Men"). The number of men involved increased from near 0 to 50 men.

- Operation Par hired family support specialist to assertively locate and engage fathers to increase the number of fathers engaged from 5 to 12.

- During phone contacts with clients prior to admission or during intake, Meta House counselors encouraged consumers, to invite father-figures and significant others accompany them to their admission to treatment. Participation of fathers increased from 23 to 28 while participation of significant others increased from 20 to 35.

- River Region counselors called the client's significant other within three days of admission. The purpose of the call was to invite the significant others to a support group that emphasized the need for the client to remain in treatment. The number of significant others engaged in the client's treatment increased from 2 to 7.

2. Increasing Involvement of Younger Children in Woman's Residential Treatment

The Opportunity

Mothers in residential treatment who do not have their children living with them and who have infrequent contact or weakened connections with these children, tend to be less engaged in treatment and may leave treatment prematurely (Szuster, Rich, Chung, & Bisconer [1]. It is projected that when children are not involved during residential treatment, parenting and other issues likely to impact recovery do not surface until after the woman completes treatment, thus missing an opportunity for structured support while in the residential setting.

Approach

Women's PPW programs as well as other residential programs can focus on improving residents' contacts with their young children by using the NIATx model of process improvement. Change projects targeting this aim must focus as both the child and the adults in his or her life. While programs may focus on bringing the children to the campus more frequently, other ways to increase contact include bringing the resident to the child and increasing contact frequency by phone.

Featured Stories on Increasing Involvement of Younger Children

Choctaw Nation runs a Native American residential women's treatment program in very rural Oklahoma where non-residing children often live several hours away from the treatment center. Choctaw Nation overcame this logistical barrier by not only increasing telephone contacts but also structuring those contacts to teach residents how to increase positive interactions with their children (e.g., ask about their day at school, assure them of something concrete and reasonable).

Interactions were ranked as positive or not based on motivational interviewing criteria. The program's children's coordinator provided examples of positive motivational comments parents can make to their children. The calls occurred during the period after dinner and mothers could make as many calls as they like. The calls were made from the facility's floor phone and the children's coordinator was able to listen to the mother talk on the phone. Immediately after the call, the coordinator gave the mother feedback and suggestions for using motivational language. This change resulted in an increase in phone calls from pre-change of 26 to post-change 43 (65).

Gaudenzia in Lancaster, Pennsylvania used the nominal group technique with residents to find out which family members the residents would first want to target for increased engagement. The residents chose to focus initially on their children, who

[1] Szuster, Rich, Chung, & Bisconer (1996). Treatment Retention in Women's Residential Chemical Dependency Treatment: The Effect of Admission with Children. 31(8): 1001-1013.

did not reside immediately on campus. Often, getting the children to the campus involved engaging another relative of the child's interim caregiver to bring the child in.

The first change that Gaudenzia's tested was to create a monthly Family Fun event. Staff engaged the residents in choosing and designing the monthly event, sometimes held on the campus and sometimes held in the community, which would have a focus that was both appealing to children (fun and games at a park) but also to other family members (a chance to take a family photo and catch up with their family member in treatment). The Family Fun events included activities such as making crafts, karaoke event, and a family-friendly movie event. Several of the events had a holiday theme, for example, pumpkin carvings and Easter egg hunts. These were well attended and increased mothers' contact with their young children (ages 0–10) from 21 to 30 (40%).

Case Management of Memphis, Tennessee implemented a program called *Mending Begins*. This program, brought children who were in custody of other family members to the treatment center to spend time with their mothers, for two to three days at a time. When and how to invite the child to spend time at the program was based on a discussion between the woman and her counselor. The pre-teen children and teenage girls participating in the program stayed with in the room with the mother. The data shows that since the implementation of *Mending Begins* participation of children has increased as much as 660% (from 5 to 33 children). Prior to *Mending Begins*, family night and graduation nights were the only programs children could participate in.

Lessons Learned (as expressed by Choctaw Nation and Gaudenzia)

- We moved from client-centered to family-oriented.
- Collect data and take the time to understand what it means.
- Family engagement is critical to improving treatment outcomes, retention and family functioning

Other Example:

- Transitions in Fort Wayne, Indiana also used Family Day events. Their change team included a resident who helped select events build enthusiasm for them among other residents. The Transitions change team also engaged board members and supportive businesses in the area to donate items such as food or services for the residents or their children. Visiting children increased from an average of less than 2 to 23.

3. Practice examples to Increase Involvement of Older Children in Women's Residential Treatment

The Opportunity

Mothers in residential treatment often do not have their older children living with them while in treatment. Some programs only have capacity to accommodate infants and younger children. Some residents may be in a program that could accommodate the older child, but other issues may prevent the mother and older child from being together—for example, not wanting to disrupt the child's schooling. Mothers in treatment may feel compelled to hurry through or even prematurely depart treatment in order to be with their older children in need, especially if the perceive a deterioration in their relationship. Pregnant and Post-Partum programs wish to counter this because studies have linked better treatment outcomes with more days in residential treatment.

Approaches

Programs for pregnant and post-partum women as well as other women's residential programs can focus upon improving residents' contacts with their older children (ages 9 and above) by using the NIATx model of process improvement. Change projects targeting this aim must focus as both the older child and the adults in his or her life. Process improvements may focus on bringing the children to the campus more frequently by offering increased opportunities and age-specific programs and activities.

Featured Story on Increasing Involvement of Older Children

Operation PAR from Pinellas Park, Florida aimed to improve family participation in treatment through a series of NIATx change projects. Transportation to the Operation PAR campus can be challenging for families who are spread geographically over a wide area. Operation PAR adjusted its staffing in order to deploy two Family Intervention Specialists into the community—one in the northern part of the county and one in the southern part (the campus is in the central part of the county).

The Family Intervention Specialists reached out to children and their families through phone calls and or by visiting their homes. They also brought the residents to remote meetings with their children. The meetings often took place where the child resided (foster home, relative's house, or group home). Building on this success, Operation PAR doubled the frequency of two existing programs, a family education program and a visitation night, from twice to a month to weekly. This resulted in a cumulative increase in children's contact with their mothers from 12 to 38 (217%).

Lessons Learned (from Operation PAR)

- Older children benefit from seeing their family and other families engaging in substance-free activities, while building positive memories.

- Reaching beyond the boundaries of the residence is very important, especially for children whose adult support system may lack transportation resources or be wary of the program.

- Children's curriculum and activities in residential settings have traditionally been geared towards younger children. Special efforts to meet the interests and needs of older children must be made

Other Examples

- Independence House in Frankfort, Kentucky had dual aims of increasing family involvement and decreasing clients' anxieties about the involvement. Independence House concentrated its changes on their point of intake. The change team surveyed the mothers before and after family involvement to monitor their attitudes about engagement by asking: 1) My family is supportive of my recovery; 2) My family is wiling to be involved in my treatment; 3) I want my family involved in my treatment; and 4) I want my baby's father to be involved in the child's life changes. All measures increased by 23+% during the project. Moreover, participation of non-residing children, increased from 22 to 33 (50%), without adding any program costs.
- Other programs (Gaudenzia in Lancaster, Pennsylvania and Transitions in Fort Wayne Indiana) initiated special family activity days on or off their campuses. Staff and residents planned the days; sometimes around a holiday like Halloween or an activity such as a park outing or family photo event. They made sure to include activities that would appeal to older children. Every program in the collaborative that employed special family days witnessed an increase in child participation.

4. Practice examples to Engage Extended Family Members in Residential Treatment

The support of extended family members is often a critical factor in encouraging clients to complete residential treatment. Extended family members also provide key support in helping clients continue their recovery after leaving residential treatment. However, many clients complete residential treatment with minimal or no contact with an extended family member.

Opportunity
Residential treatment programs should have a clear process for asking clients to identify supportive extended family members, and then actively engaging those family members in some type of activity with the client, other family members, and/or program staff.

Approach
Project Strong Families (St. Monica's) in Lincoln, Nebraska asked all clients at intake to identify at least three extended family members (broadly defined as anyone the client considers family) who were important to them. Program staff members began to contact three extended family members within the first 10 days of treatment and invite them to attend some type of program related event (including family night, counseling session, or education session). Involvement of family members increased from only 5% of clients having an extended family member attend a program event at baseline to 78% (the center has approximately 15 admission per month). The women were asked to identify family or people (who where like family) that were important to them. Extended family members included in-laws (if married), aunts, uncles, nephew, nieces, parents, grandparents, and friends.

In a follow up analysis, Project Strong Families found that 90% of women who had an extended family member become engaged in treatment were able to complete treatment, compared to 52% of clients who did not have extended family engaged in treatment.

Lessons Learned

- Using a broad definition of family to include extended family or people who are "like family" allows supportive others to be indentified quickly.

- Extending a personal invitation (via phone call) to extended family members to attend intake sessions, recreational or educational events are more effective than simply posting or handing out written information.

- Engagement often begins with "no pressure" activities that are purely designed for recreation and social interaction. Family members are often hesitant to become engaged in treatment because they believe there is a hidden agenda other than simply building relationships. For example, many family members expect to be criticized for enabling a client's addictive behaviors, or expect to be pressured to begin treatment themselves.

Other Stories

- *Entre Familia*, part of Boston Public Health Commission, developed a Spanish version of their guidebook for family members (majority of women in this program were Latina). Family members received the guidebook at the time of intake or at the first face-to-face contact with a family member. In a small sample of clients, the percentage of clients who remained in treatment 30 days or more increased after routine distribution of the bilingual handbook.

- Choctaw Nation (Chi Hullo Li) in Oklahoma offers a family meal for residents, male partners/husbands, and extended family on the first night in residential treatment. For residents who enter treatment straight from a highly restrictive facility (e.g., prison) this is especially helpful in reconnecting client with extended family.

Conclusions

Through their participation the WCFT NIATx Collaborative, fourteen of the 15 programs measurably improved the number of fathers/father figures, children and other significant others who were engaged with the residential program in some way.

Length of stay and/or successful completion also measurably improved in many of the WCFT programs. Programs applied practices (as described above) that were meaningful in improving engagement. Other organizations interested in improving family engagement will be able to replicate these practices.

Two key themes emerged over the course of the collaborative:

Increasing Engagement

- Virtually every program shifted focus it focus to include family or an expanded definition of family as an essential component of a woman's recovery. This led to a broader acceptance of residents' defining their own "families" as opposed to the traditional (and more restrictive) definition of family.

- Sites needed to develop additional programming to create an environment for family-centered activities (e.g. support groups for men, family fun nights, etc.)

Other Interesting Practices:
NIATx coaches and/or JBS personnel identified the following practices as novel and promising:

- Training mothers on how to give positive feedback to their children; give mothers feedback on how they were communicating to their children. (See example from the Choctaw Nation above.)

- Using Skype as a means for mothers to communicate with their children while they are in treatment and cannot interact with their child physically on a daily basis.

Tips and Observations from Sites

Listed below are observations that the sites thought would be enlightening to other programs wanting to increase the engagement of family members.

- Simply informing father figures or other family members about services or programs is less effective than extending personal invitations or other outreach to increase their participation.

- Sites increased their understanding of the importance of family engagement in improving treatment outcomes, retention, and family functioning.

- Measuring and understanding clients' attitudes and preferences toward family helps in developing strategies to increase family engagement.

- Language and style are both important in extending a welcome to father figures as well as other family members.

- Reaching out to families beyond the boundaries of the residential program increases engagement. The participating sites achieved this by using outreach workers, bringing residents to their families for meetings, and organizing family events off-site (away from the treatment program.)

- Sorting data by significant other type (i.e.; partner, father/father figure, younger children, older children, and other family member) highlights the impact of PDSA Cycles. Programs do not routinely gather data in these cohorts and beginning to do so was helpful in creating ideas for improved engagement.

Applying NIATx

The sites reported that including staff members from all levels of the organization in a change team, as NIATx recommends, helped to promote the success of an improvement project. Having support from a representative of top management (an Executive Sponsor) was also noted as helpful.

The sites ranked the NIATx rapid-cycle testing as a valuable way to improve organizational operations. Having a common purpose or aim (increase family engagement) and being allowed to work at their own pace helped the sites adopt the NIATx approach.

The sites also valued the opportunity to learn from each other through the peer networking built into the collaborative. They valued being able to report successes as well as challenges in the safe and supportive environment that the collaborative provided. Sharing ideas with each other through the regular Interest Circle Calls and at the in-person meetings (kick-off and closeout) was also ranked as highly beneficial.

Recommendations for Distribution to the Field

Participants in the collaborative close-out meeting, titled "Process Improvement to Evolve Family Engagement, and held on June 27, 2011 were asked in small groups sessions to provide suggestions for disseminating the practice examples and other lessons that emerged from the collaborative to the field. Each group provided their top two suggestions, which are listed below:

- Coach two sites so those sites could provide mentors for one another
- More coach time for sites to train on data
- More 1:1 coach time
- Seminars and face-to-face conferences are helpful
- Make material available on the web with short vignettes use audio/visual clips
- Create local collaboratives
- Increase coaching availability
- Add mentors (make sure mentor is a "good fit" to ensure success of the mentor model)
- Create web site of all positive changes tried by sites and provide discussion through blogs
- Explore Skype to increase personal interaction in distance communication

Other ideas for continuation and dissemination of the work the collaborative include:

- Use of social media, such as quick testimonials on YouTube

- Create a concise document for executives that highlights improvements in retention as a result of improved family engagement and connects retention to program efficiency and effectiveness, including discussion of how improving retention helps to spread the cost of admission.

- Create a video of each of the practice examples discussed herein for clinicians and CEOs. Distribute electronically.

Appendix

Participant List
PPW Site Visit Chronology
PPW Closeout Meeting Café Responses
Agenda June 27, 2011
Summary Table—Sites/Results

PowerPoints
PPW Telephone Kickoff—Linda White Young
PPW Final—Lynn Madden
Participating Sites Final Presentations
Aletheia House
Case Management
Choctaw Nation
Chrysalis
Entre Familia
Gaudenzia
Good Samaritan
Independence House
Lorain County
Meta House
Operation PAR
Reality House
River Region
St. Monica's
Transitions

PPW 2010

Program List and Site Visit Chronology for Grantees of the Intensive Process Improvement Group

Program Name	Coach	Site Visit Date
Case Management (Memphis, TN)	Thomas Zastowny	September 17th, 2010
Choctaw Nation (Talihina, OK)	Lynn Madden	September 23rd, 2010
Ft. Wayne (Ft. Wayne, IN)	Rick Redmond	September 23rd, 2010
Gaudenzia (Lancaster, PA)	Rick Redmond	August 24th, 2010
Independence House (Corbin, KY)	Thomas Zastowny	June 29th, 2010
Lorain County (Lorain, OH)	David Prescott	September 15th, 2010
Louisiana – Reality House (New Orleans, LA)	Thomas Zastowny	No site visit
Operation PAR (Pinellas Park, FL)	Rick Redmond	September 17th, 2010
River Region (Jacksonville, FL)	Lynn Madden	August 9th, 2010
St. Monica's (Lincoln, NE)	David Prescott	August 23rd, 2010

Program List for Grantees of the Non-intense Process Improvement Group

Program Name	Coach
Alethia House	David Prescott
Boston Public Health	David Prescott
Chrysalis House	Lynn Madden
Haymarket	Lynn Madden
Santa Barbara	Thomas Zastowny
Meta House	Rick Redmond

Closeout Meeting Café Responses June 27th, 2011

Mentor Model?
Coaching Model?
Promising Practices Dissemination – how do we get this work to the field so that others may build on it?

- Coach + 2 sites simultaneously together (to create mentors)
- More coach time to train on data
- More 1-to-1 coach time
- Seminars & conferences are good
- Make material available on the web w/ shorts vignettes using audio/visual clips
- Local collaboratives
- Increase coaching availability and value
- Add mentors
- Create web site of all positive changes tried by groups and provide discussion through blogs
- Make sure mentor is a "good fit" to ensure the mentor model would be successful
- Explore Skype to increase personal interaction to distance communications (add video access)

What makes a successful change team?
What unanticipated consequences, etc. did grantees experience?
What was helpful about this approach to making program changes?
How could this approach be more useful?

- Commonality of purpose = successful change project
- Sometimes problems emerge that where not what you were looking for
- NIATx very useful; allowed to proceed at own pace
- Innovative, positive people, different job responsibilities, length of employment = good team
- Like the grassroots nature of projects, like sharing of ideas across programs
- Would help if $$ were provided for support of changes
- Teams should disseminate results more
- Good representation from across the agency; need a decisionmaker
- Data helpful; rapid cycle nature helpful; line staff helpful
- Good leader that keeps people on task
- Funding for food (dinners) a challenge
- Staff attitudes about males a challenge

Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Treatment (CSAT)
Women, Children, and Family Treatment Program (WCFT)

Process Improvement to Evolve Family Engagement

Meeting Agenda

June 27, 2011

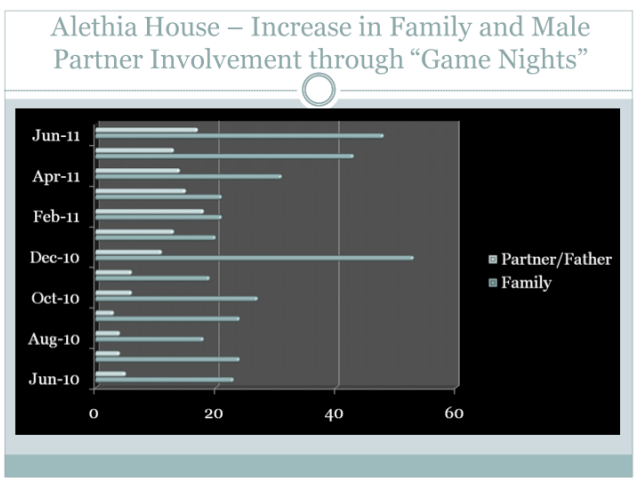
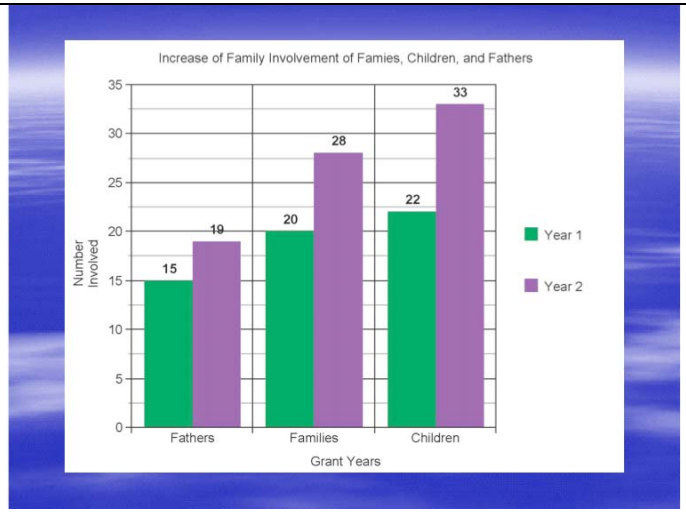
Meeting Purpose

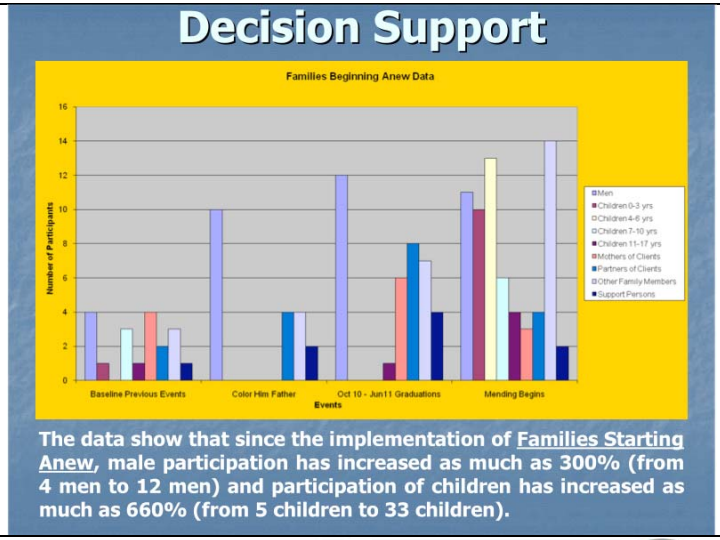
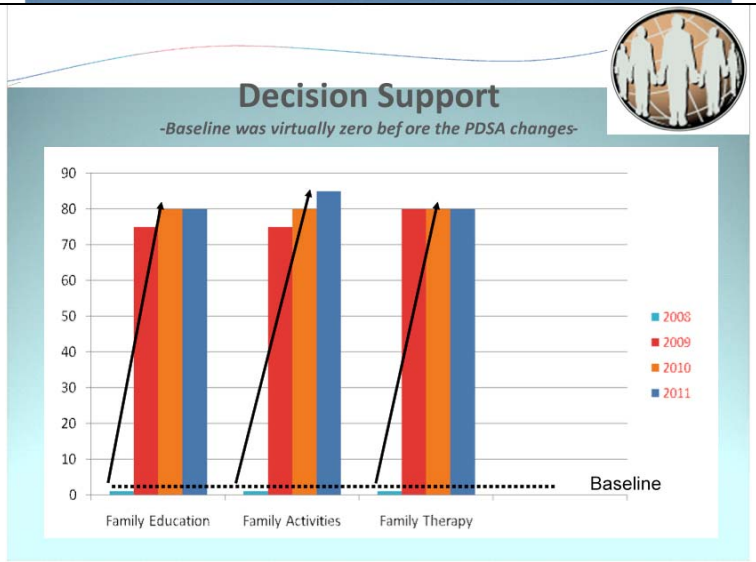
9:20 a.m.–9:30 a.m.	**Break**
9:30 a.m.–11:20 a.m.	**Grantee Presentations on their Family Engagement Process Improvement Activities (Site Visits)** 2008 PPW grantees in the WCFT program who received a process improvement site visit will deliver 5-minute presentations on activities undertaken to enhance family engagement. Each presentation will be followed by a 5-minute Q&A.
11:20 a.m.–12:20 p.m.	**Introduction of the Final Report on the Process Improvement to Evolve Family Engagement—Key Themes and Promising Practices** **An Interactive Group Activity** *Lynn Madden, Facilitator* *NIATx* • Ms. Madden will provide a detailed presentation of the content, aggregate data, change projects, and outcomes of the Promising Practices and Next Steps sections of the final report. • In a large group interactive discussion, grantees will provide feedback and reach consensus on each section of the report as presented. The grantee discussion will focus on the following: — Value and usefulness of the information presented in the report — Reasons the change was selected by some grantees and not by others — The extent to which the information outlined in the report provides a guide other grantees can use to replicate the process — Organizational changes required to implement and sustain the change process — Facilitators and barriers to implementation — Strategies for disseminating the report to the field as a TA document — Lessons learned — Additional information that should be included in the report
12:20 p.m.–1:00 p.m.	**Lunch**

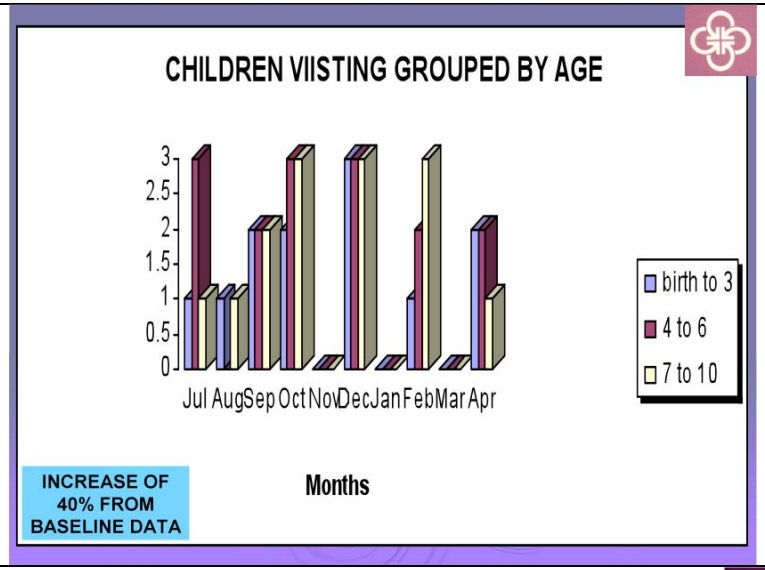
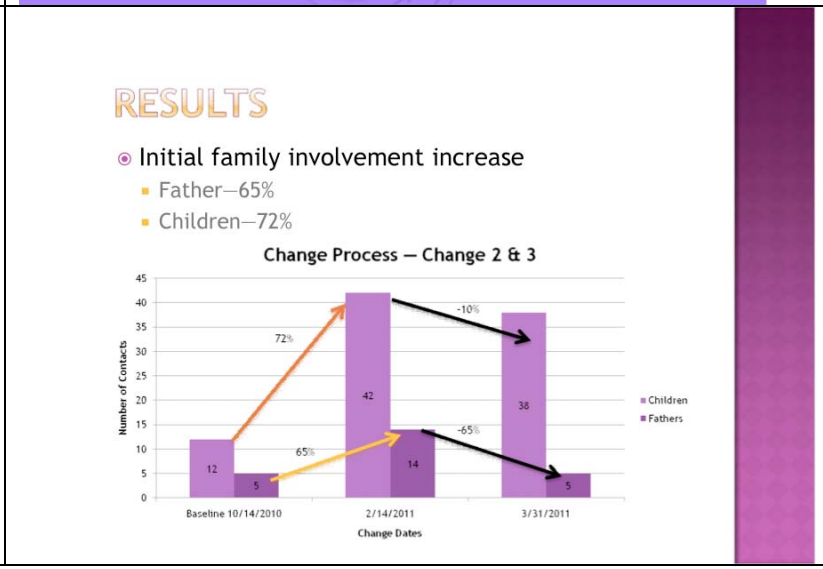
1:00 p.m.–1:45 p.m.	**Change Leader Meeting with Project Officer and Deputy Project Director, Clinical Technical Assistance Contractor** *Jennifer Keyser Bryan, D.H.Sc.* *Deputy Project Director* *Clinical Technical Assistance Contract/DSI* *JBS International, Inc.* • Discussion with the Project Officer and Clinical Technical Assistance Contractor shaping future Technical Assistance on evolving family engagement
1:45 p.m.	**Adjourn**

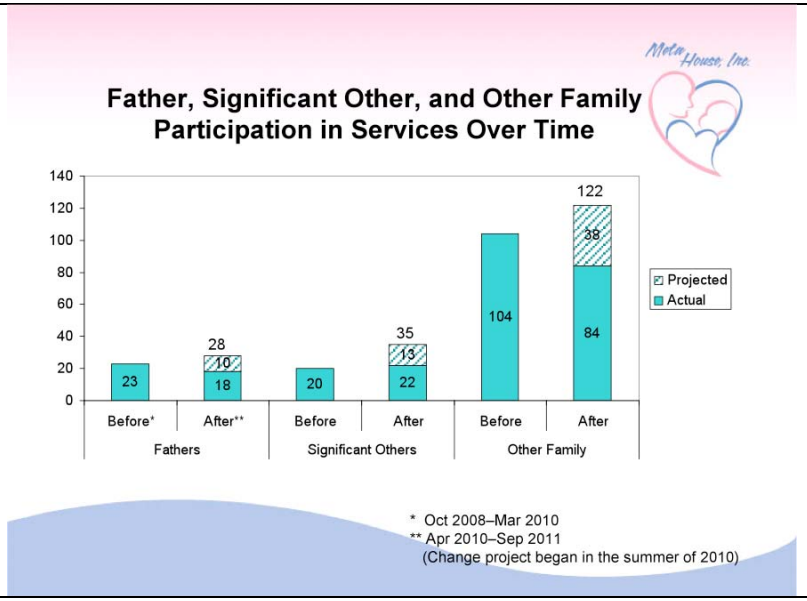
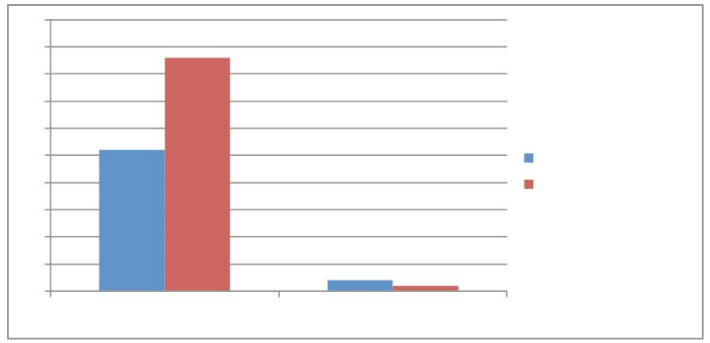
This meeting will provide change leaders of the PPW grantees participating in the 2008 Women, Children, and Family Treatment (WCFT) Program an opportunity to present their projects to improve the engagement of nonresident minor children, fathers of the children, partners of the women, and other extended family members of the women and children served by WCFT projects. Participants will share lessons learned, challenges encountered, and how they were resolved. Grantees will also provide feedback on the draft of the final report as well as suggestions for disseminating the information to the field. Grantees will also provide feedback to the Project Officer to consider in shaping future Technical Assistance (TA) to WCFT grantees on evolving family engagement.

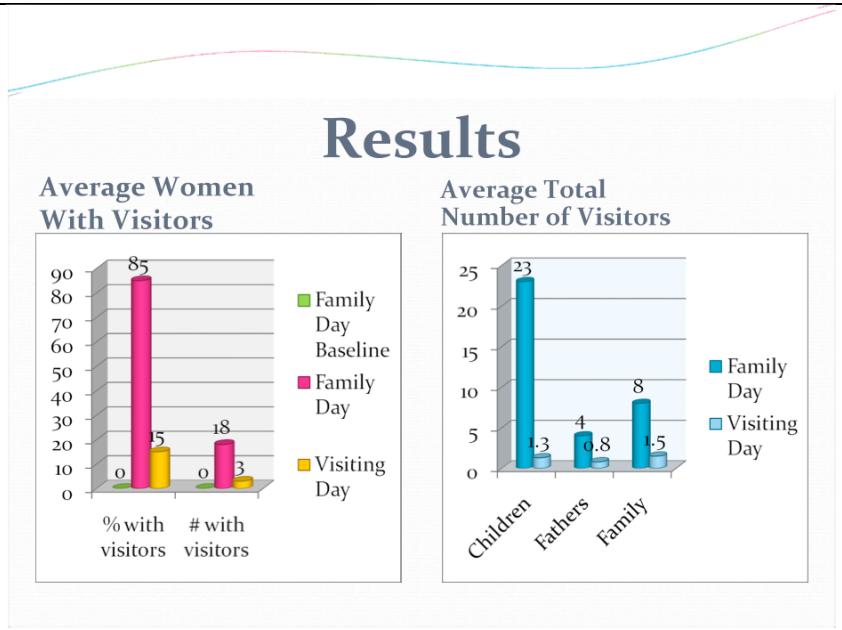
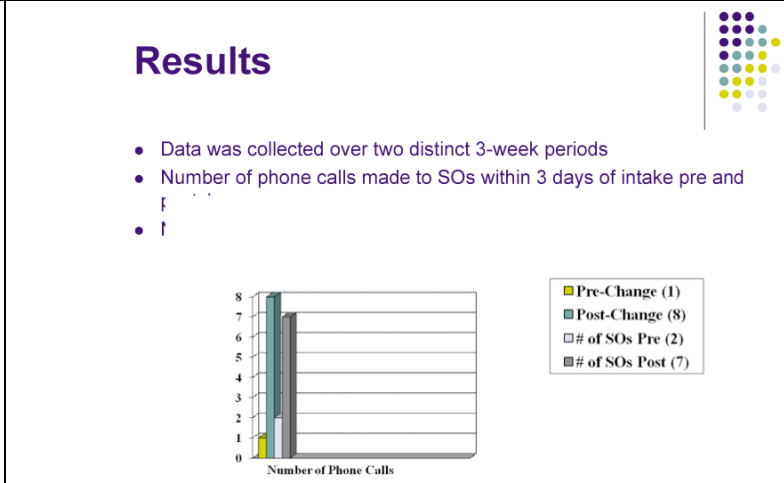
PPW Project Sites, Practices and Impact

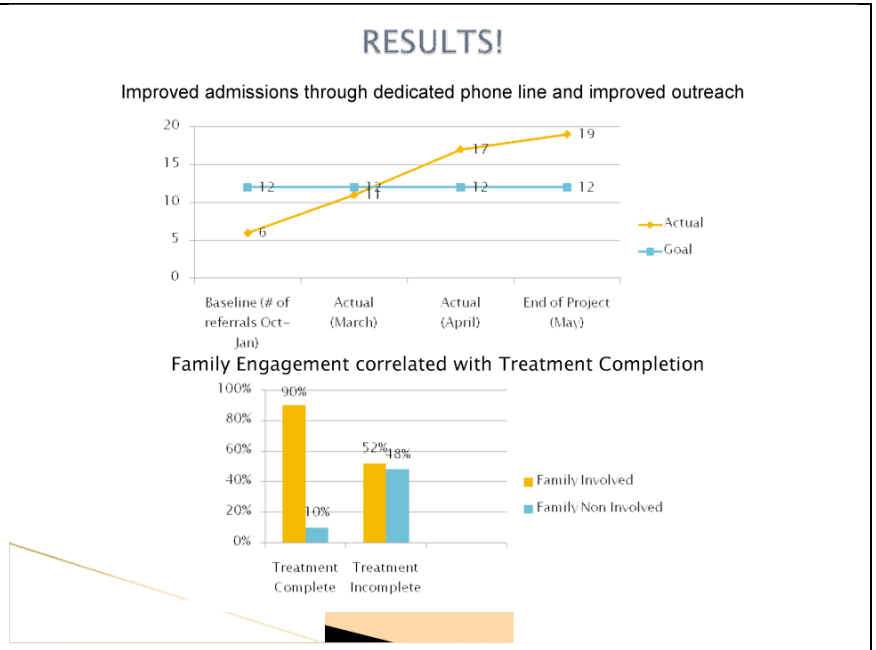
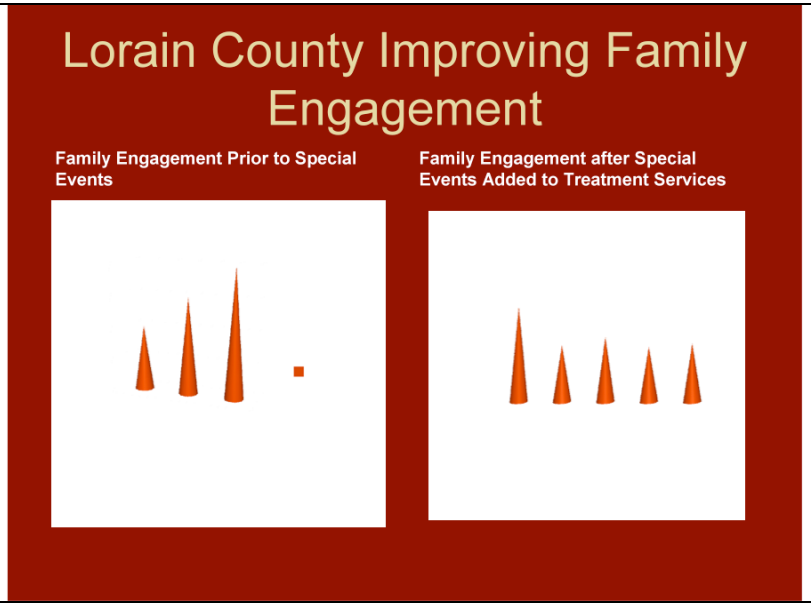
Site	Project/ PDSA	Emerging/Promising Practice	Impact/Outcome Narrative	Impact/Outcome Chart
Alethia House (Birmingham, Alabama)	Goal: to increase engagement of fathers of resident children to increase engagement of all family members of resident.	Initiate regular family fun nights focused on recreational activities.	1. During the first change cycle the percentage of residents who had a father of child or male partner attend at least one program event increased from 35% to 80%. 2. As family fun nights became established part of program, average attendance increased for both fathers/male partners and family members.	
Independence House Corbin, Kentucky	Goal: 1. Increase and enhance family/father engagement with client's treatment. 2. Reduce client anxiety about family member involvement – 10% reduction in anxiety is goal 3. Improve retention in the program by increasing client satisfaction.	The independence house PPW developed and conducted client anticipation and reaction survey, given to clients to help prepare for interaction with family. Questions included: 1 .My family is supportive of my recovery. 2. My family is willing to be involved in my treatment. 3 .I want my family involved in my treatment. 4. I want my baby's father to be involved in the child's life changes.	1. Ratings of family support improved; anxiety about leaving treatment decreased. 2. Reduced stigma for client within family. 3. Reduced family anxiety about child well being. 4. Compared to baseline, engagement of fathers increased (23%); engagement of children increased (28%); engagement of extended family members increased (50%)	

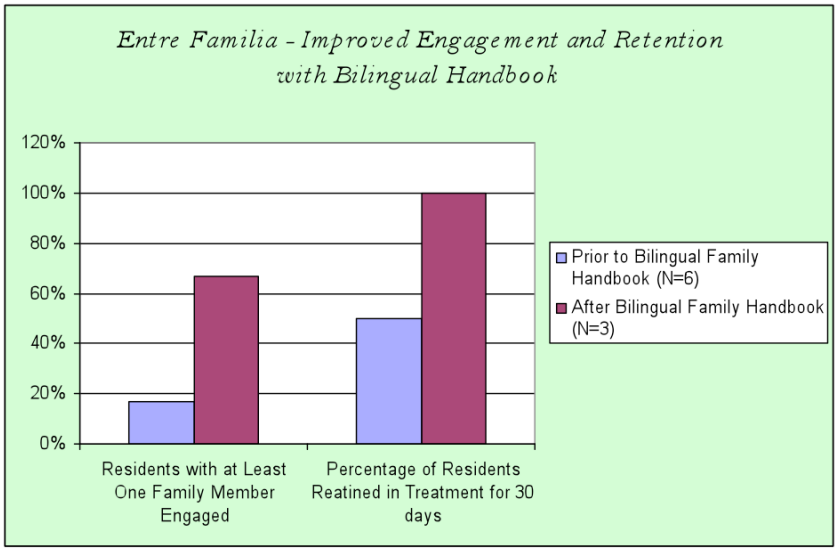
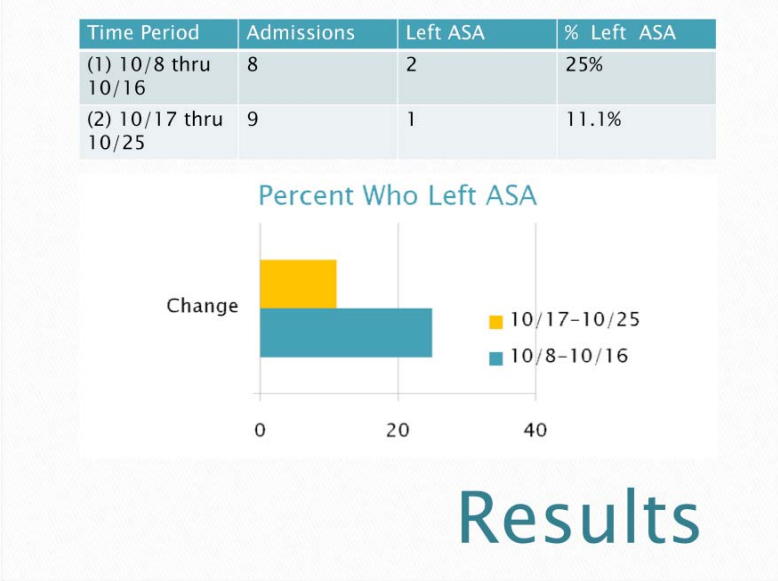
Case Management (Memphis, Tennessee)	Goal: 1) To increase the number of fathers who are engaged in treatment. 2) To increase the number of non-resident children who are engaged in treatment.	1. Begin bi-weekly group specifically for father called "Color me Father" using male facilitator. 2. Begin "The Mending Begins" program in which non-resident children stay at treatment program for 2-3 day visits.	1. Father participation increased up to 300% compared to baseline (n = 4 vs. n = 12). 2. Child participation increased up to 660% compared to baseline (n=5 vs. n=33).	
Reality House (Baton Rouge Lousisiana)	Goals: 1. Increase client retention rate; 2) Increase engagement of fathers or father figures; 3) increase engagement of family members	1. Begin to offer activities specifically for fathers and families (included family education, family recreational activity family therapy) which were previously not part of program. 2. More focused efforts to engage fathers and family during intake process.	1. Over 3 years, percentage of residents who had some family engaged in treatment increased from virtually zero to 85%. 2. Over 3 years, percentage of residents who had father or father figure involved in treatment increased from virtually zero to 80%. 3. Client retention improved from 65% first year to 100% in third year.	

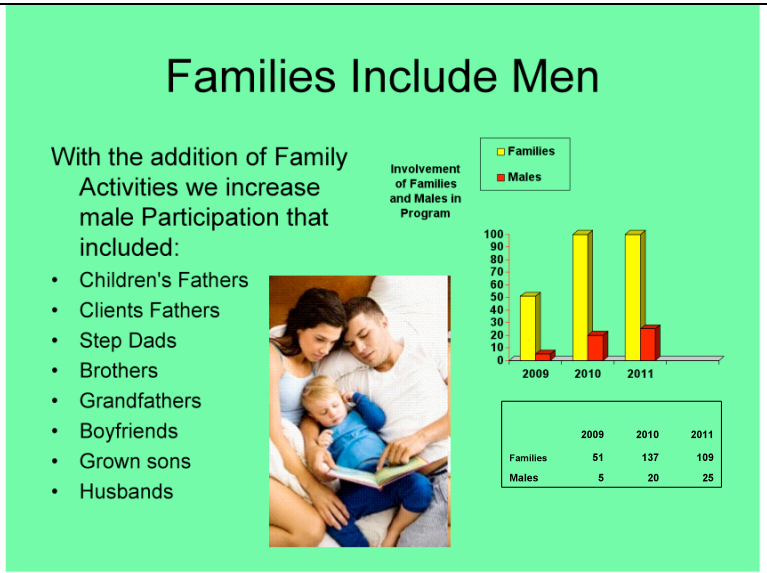
Gaudenzia (Lancaster, Pennsylvania)	Goal: increase the number of non-resident children who are engaged in treatment.	1. Begin regular family fun days. 2. Residents asked to make 2 additional phone calls per month to non-resident children to encourage their attendance at family fun day.	1. 40% increase in number of children engaged in treatment *(need help with the numbers here)*!	
Operation PAR (Largo, Florida)	Goal: to increase engagement of fathers and non-resident children	1. Hire two family support specialists to more assertively locate and engage fathers and non-resident children. 2. Increase frequency of family education nights (from 1x per month to 2x per month) 3. Increase frequency of visitation times for family members (from 1x per month to 2x per month)	1. Initial increase in father engagement of 180%, (n=5 to n=12) but results did not sustain (back to baseline). 2. Increase in family engagement of 233% of baseline month compared to monthly average post baseline (12 vs. 40).	

Meta House (Milwaukee Wisconsin)	Goal: to increase engagement of fathers, significant others, and extended family.	1. Fathers and extended family invited to attend admission interview by admissions coordinator. 2. Staff gives tour of facility and information about program to family members who attend any event or session at program. 3. Reminders, flyers, and specific internal protocols for communication among staff of family related events.	1. Father engagement increased 22% (23 baseline vs. 28 post change). 2. Significant other engagement increased by 75% (20 baseline vs. 35 post change). 3. Extended family engagement increased 18% (104 baseline vs. 122 post change).	
Choctaw Nation (Talihina, Oklahoma)	Goal: increase the number of positive phone interactions between residents (mothers) and non-resident children.	1. Staff provide coaching to residents on techniques for engaging children during phone calls to enhance relationship. Staff rate phone calls as either overall positive tone or overall negative tone.	1. 65% increase in number of positive phone calls between residents and children (26 baseline vs. 43 post change) 2. Negative phone calls remained low in both baseline (n=2) and post change (n=1)	

Transitions (Fort Wayne, Indiana)	Goal: increase the number of fathers, children, and extended family members who were engaged in treatment	1. Begin family fun activity every other month.	1. Percentage of residents who had family member attend a recreational event improved from 0 at baseline to85% post change. 2. After family day was introduced, small increase in percentage of women who had children returned or had increased visitation granted post-discharge. 3. After family fun activities were introduced, there was an increase in successful treatment completion compared to three previous years (38% baseline vs. 58% post family day).	
River Region (Jacksonville, Florida)	Goal: Increase the percentage of clients who successfully complete treatment by increasing involvement of client's significant other.	1. Resident's primary counselor contacts significant other by phone within first three days of treatment and reviews scripted talking points including description of treatment, importance of completion, and support for significant other from Al-Anon.	1. Number of significant others involved in treatment increased from baseline of n=2 to post-change of n=7 over a three week period (250% increase). 2. Average length of stay in treatment for residents admitted during change period was 72 days compared to baseline average length of stay of 62 days.	

St. Monica's (Lincoln, Nebraska)	Goal: (Change #1) Increase the percentage of residents who have a family member become engaged in treatment. (Change #2) Increase admissions.	1. Within first 10 days of treatment, 3 telephone contacts were made with family mem bers, who were invited to attend a program related activity (family night, counseling session, education session). 2. Dedicated phone line for first contact was designated. If not answered on first call, call returned within one hour.	1. Percentage of residents who had at least one family member become engaged in treatment improved from 5% during baseline to 78% post change. 2. Treatment completion rate for residents with family engagement was 90% vs. 52% for clients without family involvement. 3. Goal: Achieve 12 admissions within 3 months of implementing answering phone on first call. Actual admissions exceeded goal by 58% (actual = 19 admissions) and exceeded baseline by 237%.	
Lorain County Alcohol and Drug Abuse (Lorain County, Ohio)	Goal: (Change #1) Reduce intake appointment no shows. (Change #2) Increase number of family members engaged in treatment.	1. To decrease intake appointment no shows, implemented designated intake day where clients could receive assessment any time that day, with unlimited number of appointments. 2. To increase family engagement, implemented family special events, to augment existing 12-step oriented family group.	1. No show rate prior to change ranged from 37% - 57% each month. After change, no show rate was 0 (walk in assessments). 2. Number of family members who were engaged in treatment per month improved from 8-17 per month during baseline, to 30-52 per month post change.	

Entre Familia (Boston, Mass.))	Goal: Increase the percentage of residents who have at least one family member become engaged in treatment	1. Develop treatment guidebook for family members in both English and Spanish (almost all clients are Hispanic).	1. Percentage of clients who had at least one family member become engaged in treatment during first 30 days higher post change vs. baseline (2/3 post change; 1/6 baseline). 2. Percentage of clients who continued in treatment for 30 days higher post change vs. baseline (3/3 post change; 3/6 baseline)	
Chrysalis House (Lexington, Kentucky)	Goal: Decrease the percentage of women who leave treatment within the first week.	1. Assign each client two mentors, one currently in treatment, a second who is graduate of program.	1. Percentage of clients leaving treatment during first week decreased (25% baseline vs. 11.1% post change).	

Good Samaritan – Sober Women Healthy Families (Santa Barbara, California)	Goal: Increase engagement of male partners and other extended family males in treatment.	1. Designate certain family nights as "Men" and "Male" nights (includes children's fathers, other male partners, clients' fathers, brothers, etc.) 2. Number of male extended family members engaged in treatment increased from 5 at baseline to 20-25 during next two years. 3. Treatment completion rates improved from 25% at baseline to 50% or above after improved engagement of men an males.	1. Number of families involved in treatment increased from 51 in baseline year to 109-137 next two years.	

WELCOME

Linda White Young

Introductions

- CSAT – Linda White-Young
- Agencies – Jennifer Keyser Bryan
- Coaching Staff and NPO Staff – Mark Zehner
- Introduction to NIATx and a few words about where we are and where we are going

- UPDATES FROM GRANTEES – a discussion of progress, if any since our June 2009 meeting – facilitated by Tom Zastowny and Lynn Madden

NIATx
The Network for the Improvement of Addiction Treatment

Rapid Cycle Process Improvement (PI 101) – A QUICK Review of Key Principles and Approaches

Reduce Waiting & No-Shows • Increase Admissions & Continuation

NIATx was originally a partnership of two grant programs

The Center for Substance Abuse Treatment
Strengthening Treatment Access and Retention
and
The Robert Wood Johnson Foundation
Paths to Recovery

Statistics

- 19 million Americans need treatment
- 25% are able to access treatment
- 50% of those in treatment do not complete
- The way services are delivered is a barrier to both access and retention

Substance Abuse and Mental Health Services Administration, 2002

Co-Occurring Statistics

- 10 million Americans need co-occurring treatment in any given year
- Those with COD, approx. 70% do not receive treatment and those treated only 19% received treatment for both conditions
- COD is highly prevalent in MH & SA populations (30-80%)

NIATx Aims

- **Reduce Waiting Times**
- **Reduce No-Shows**
- **Increase Admissions**
- **Increase Continuation Rates**

Conducting a Change Exercise

PDSA cycles

- **P**lan the change
- **D**o the plan
- **S**tudy the results
- **A**ct on the new knowledge

Rapid cycle changes

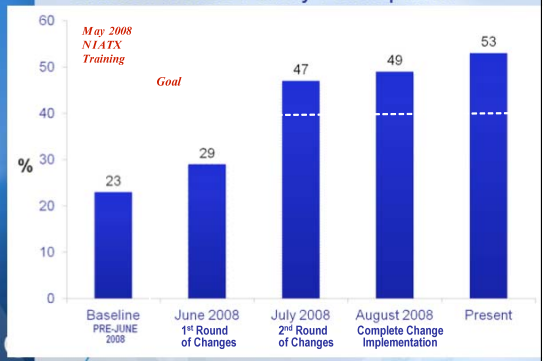
- Changes should be doable in 3 weeks

Five Key Principles

Evidence-based predictors of change

- Understand and involve the customer
- Focus on key problems
- Select the right change agent
- Seek ideas from outside the field and organization
- Do rapid-cycle testing

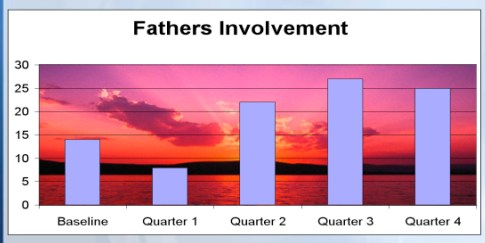
Walden House Family Participation



NEXT STEPS WALDEN HOUSE

- A second change process occurred and during this process the Family Psycho-education Group was moved to Saturdays to accommodate family schedules; lunch and raffles were provided as an incentive.
- Monthly Family Events (i.e. Holidays, picnics, etc.) began to be held in order to involve all members of the participants family and improve family program involvement.

Results: Mental Health Systems Inc.



»GETTING STARTED

Walk Through

"A personalized experience of a healthcare setting where staff takes the role of a patient or family member with the goal of experiencing care and everything related to it-..... "

Conducting a Walk-through

- Play the role of a client and a client's family member seeking treatment at your agency
- Try to think and feel as the client/family member would, and think about what they would want changed
- Ask staff what changes would make the process better for clients and for staff
- Compile a list of client and staff needs and possible improvements that could address these needs

Starting a Change Project

- Select a change team – name a change leader, an executive sponsor, and data person
- Conduct a walk-through
- Collect baseline data
- Review data and walk-through
- Suggest a process change that might change access or retention

Executive Sponsor

- Vision
  - Provides a clear link to a strategic plan
  - Sets a clear aim for the Change Project
- Engagement
  - Supports the change leader
  - Periodically attends change team meetings
  - Personally invites change team participants
- Leadership
  - Removes barriers to change
  - Connects the dots
  - Communicates clearly, concisely, and constantly

Select the right change leader

Who has:

- influence, respect, and authority across levels of the organization
- a direct line to the CEO
- empathy for the staff
- time available to lead change projects
- no fear of data

Data Coordinator

- Data is your friend! Without the data, there is no way to tell if a change is working
- Data should be simple, clear and in "real time" – great math skills not needed, just patience and reliability
- Someone with permission to actually gather the data, no matter who has it

Components of Leading Change Teams

- Establish direction with a clear aim
- Create a sense of urgency
- Provide accountability
- Involve the right staff
- Communicate, communicate, communicate
- Engage senior leaders
- Motivate and inspire
- Commit to empowerment
- Create a process for short term wins

Change Team Responsibilities

- Meet regularly
- Ensure accountability
  - Record and distribute minutes
  - Assign tasks and responsibilities
- Identify potential solutions
  - Quickly test one idea
  - Measure the impact of the change

Rapid-cycle Testing

Start by asking three questions:

1. What are we trying to accomplish?
2. How will we know a change is an improvement?
3. What changes can we test?

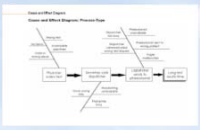
Model for Improvement
Langley, Nolan, Nolan, Norman, & Provost. *The Improvement Guide*, San Francisco, Jossey-Bass Publishers, 1996

Before Making Changes

- Collect baseline data
- Determine the target population and location
- Establish a clear aim
- Select a Change Leader and the Change Team

- METHODS OF COLLECTING DATA FOR DECIDING WHAT CHANGE YOU WANT TO MAKE

Walk Thru

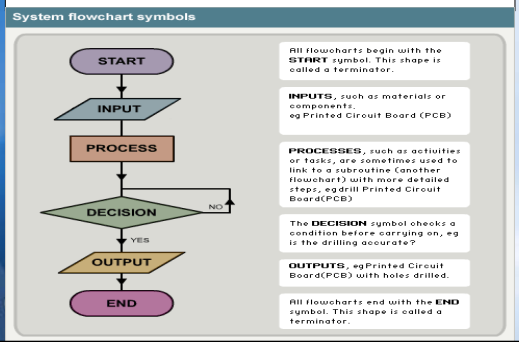


Fish-Bone

Nominal Group

Flow Charting

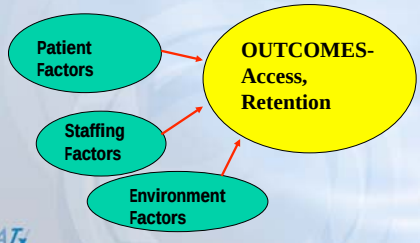
Flowcharting



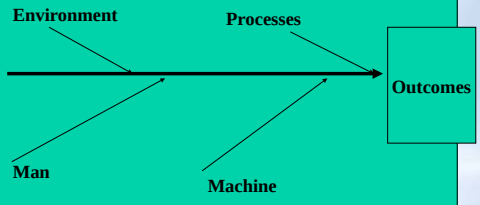
NGT

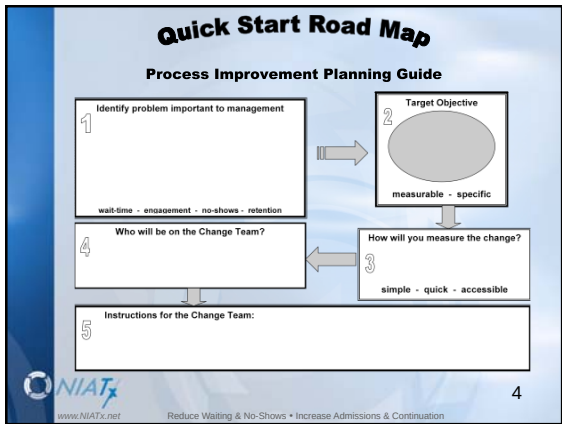
Nominal Group Technique - Participants are asked to respond to a question or statement by generating a list of responses. The group facilitator asks each member to contribute an idea from their list in a round-robin approach. The group is given the opportunity to discuss and clarify any of the ideas that have been selected. The group members rank or rate each item. Voting may then take place to reach consensus.

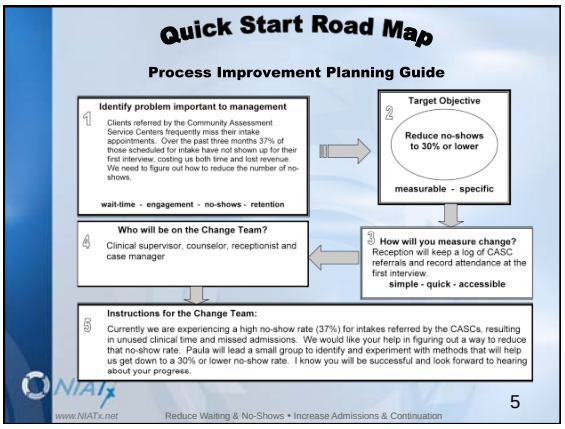
What Might Be Contributing..?

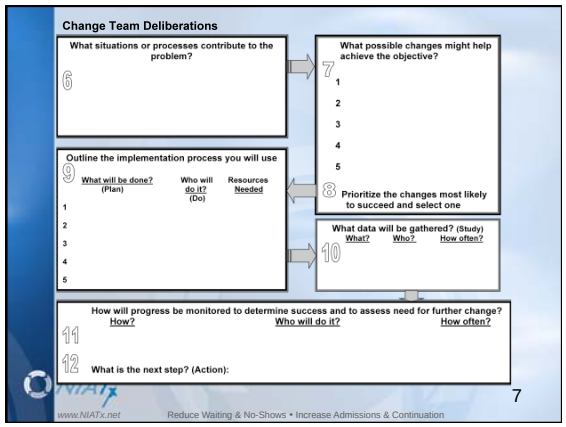


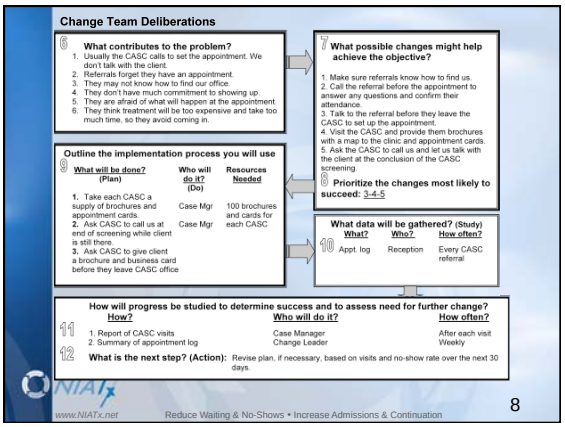
Fishbone and Cause & Effect









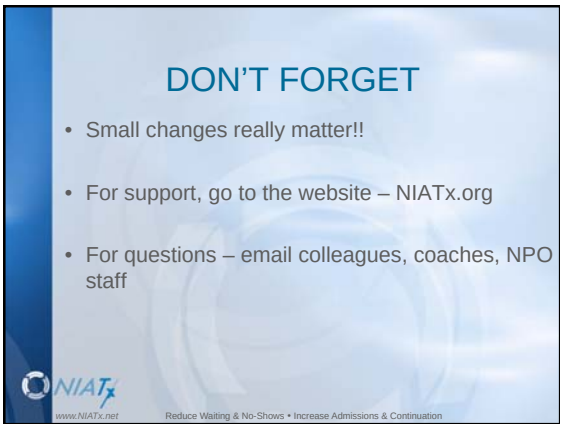


Detours

- Projects not related to goals
- No feedback
- Insufficient leadership
- No business case
- Large change cycles

Next Steps

- A monthly group telephone call – May 2010
- A call with your coach before the next group call
- Baseline data collection
- A walk- through (updated or new)


DON'T FORGET
• Small changes really matter!!
• For support, go to the website – NIATx.org
• For questions – email colleagues, coaches, NPO staff
NIATx
www.NIATx.net
Reduce Waiting & No-Shows • Increase Admissions & Continuation

Process Improvement to Evolve Family Engagement

June 27, 2011

Lynn Madden, MPA
David Prescott, PhD
Rick Redmond, LCSW
Tom Zastowny, PhD
Mark Zehner, MS

GOAL OF THE COLLABORATIVE ON ENGAGEMENT

To improve retention in treatment, child well-being and recovery for women and their families served in the WCFT program by improving engagement with non-residential children, fathers, father figures, and other significant others.

METHODS

- Rapid Cycle Change projects focused on process changes designed to improve engagement
- Monthly group webinars for all grantees and coaches
- Collaborative learning characterized by free sharing of process changes attempted to advance the goal, whether the change moved the organization toward the goal or not. All sites were assigned a coach, some sites had site visits.

ENGAGEMENT vs. INVOLVEMENT

Improved engagement leads to opportunities for involvement. Engagement is seen as a first step; figuring out how to get non-residential children, fathers/father figures and other significant others to show up is an important first step.

KEY THEMES: A SHIFT IN FOCUS FROM RESIDENT TO FAMILY

- A shift in focus from resident to family and an expanded definition of family
- Invitations to participate are different from expectations or simply making services available
- Fun was a key element in getting many through the door; getting through the door in the first place provided opportunity to then engage a family member/so
- Improved engagement can improve LOS

PROMISING PRACTICES

Administrative or clinical practice that has proven effective at achieving a specific aim, and holds promise for other organizations.

Promising Practices are changes which were tested and shown to be actual improvements by various behavioral health organizations.

There is an increasing degree of empirical validity as you climb the pyramid.

1. INCREASING ENGAGEMENT OF FATHERS AND FATHER FIGURES OF THE CHILDREN

Good Samaritan – co-parenting and education groups for fathers and father figures. "Families Include Men" – implemented MEN and Male Nights. Went from near 0 to involvement of 50 men.

Operation Par – increased family education and visitation

Aletheia House – created an ongoing series of events for fathers and father figures

Meta House – encouraged invitation to be present at the point of Admission. Participation of fathers increased to 28 from 23 while participation of significant others increased from 20 to 35.

Case Management – " Color Him Father", group facilitated by men to discuss fatherhood; participation increased from 4 men to 12 men.

2. INCREASING ENGAGEMENT OF YOUNGER CHILDREN WHO DO NOT LIVE IN THE PROGRAM (8 YEARS OF AGE AND YOUNGER)

- Guadenzia – family fun days
- Choctaw Nation – improved telephone interaction with young children, increasing calls that were actively encouraging to 43 from 26.
- Transitions – family day events
- Case Management- "The Mending Begins" brings children in to spend time (2-3 days) with mom in the program; the number of children visiting increased from 4 to 29 children.

3. INCREASING ENGAGEMENT OF OLDER CHILDREN WHO DO NOT LIVE IN THE PROGRAM

Operation Par – created intervention specialist position tasked with outreach to non-residential children and fathers/father figures. Then offered more opportunities for education and visiting. The number of children involved (all ages) went from 12 to 42.

Independence House – attempted to manage client anxiety by scripted discussion of family at admission. Involvement of children went from 22 to 33.

4. INCREASING ENGAGEMENT OF PARTNERS OF THE WOMEN
(may combine with number 1 if the work of the grantees isn't clear enough on the differences)

River Region – made a scripted telephone call to significant other within three days of admission to invite significant other to support group and emphasizing the need for client to remain in treatment. Average length of stay for women in treatment increased from 62 days to 72 days and the number of significant others engaged in treatment increased from 2 to 7.

5. INCREASING ENGAGEMENT OF EXTENDED FAMILY MEMBERS

Case Management – monthly multi-family events

St Monica's – three family telephone contacts within 10 days of admission. Involvement in family education group or family member in services increased from 5% to 78%.

Choctaw Nation – family members invited to share a meal the day of admission

Lorain County – admission assessment on demand, which improved relationships with families from first call ( ), instilling hope that help was available

KNOWLEDGE TRANSFER

- **Feedback**

RESULTS AND CONCLUSIONS

- Length of stay and/or successful completion measurably improved in _____ programs.
- Fourteen (14) programs were able to measurably improve the number of significant others, fathers, father figures, and children.

DISCUSSION – RECOMMENDATIONS FOR DISTRIBUTION TO THE FIELD

- Mentor Model
- Coaching Model
- Promising Practices Dissemination – how do we get this work to the field so that others may build on it?

LEARNING AND CHALLENGES FOR THE CHANGE TEAM FROM THE GRANTEE PERSPECTIVE

- What makes a successful change team?
- What unanticipated consequences, etc. did grantees experience?
- What was helpful about this approach to making program changes?
- How could this approach be more useful?

Families of Hope

MOTHER'S HOPE
ALETHEIA HOUSE

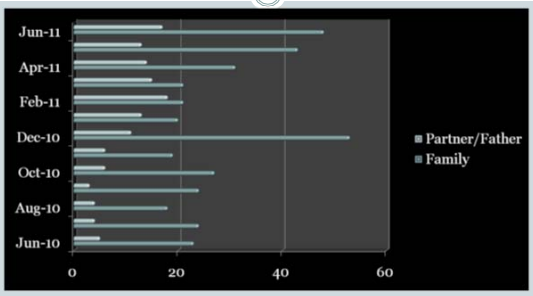
PDSA–What Did You Do and Why?

- Father involvement of the children whose mothers are in treatment
- Family involvement of the mothers who are in treatment

Goals:

- Healthy engagement
- Promote healthy relationships
- Encourage family reunification

Decision Support–What Happened and How Do You Know?



Advantage of Improved Engagement

- Women in treatment were able to eliminate family-related stressors due to family support and involvement.
- Children of the women in treatment appeared to be "happier" and communicated more effectively.

  Because of the family support and therapeutic treatment services available for the families, we find that more clients are completing treatment successfully. With the additional treatment for families, there is additional support to continue a recovery foundation.

The Plan for Sustainability

- Continue providing family "fun" events.
- Continue to involve fathers/partners in treatment and make appropriate referrals.
- Conduct family evaluations for program improvements.
- Continue and provide new parental enrichment classes.

Cultural Impacts/Considerations

- Families are reunified in healthier settings and situations.
- Children are able to communicate more effectively and are more socially appropriate.
- The agency is more trauma informed, as well as women centered, to provide individualized care.

Words of Wisdom

Work from the heart and you will definitely fall in

Case Management, Inc. Memphis, Tennessee

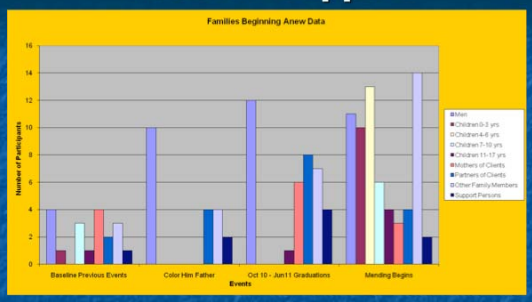
Aim of PDSA Project Was to Increase Family Participation

- Our previous efforts were through family events. Family members have always been invited to participate in the graduation ceremonies of our clients. We have shifted our focus to the men and children.

Families Starting Anew

- An all-men, biweekly group, Color Him Father, is facilitated by men to discuss fatherhood.
- The second focus, The Mending Begins, brings the children who are in custody of family members to the mother to spend time and bond with her for 2–3 days at a time.

Decision Support



The data show that since the implementation of Families Starting Anew, male participation has increased as much as 300% (from 4 men to 12 men) and participation of children has increased as much as 660% (from 5 children to 33 children).

Advantage of Improved Engagement

- The improved impact on the clients has been positive, compared to negative after effects from the previous short visitations. Now the children stay for 3 days and the client is left knowing they will return in a few days.
- There is increased motivation of the client, knowing her partner is participating in a group session versus attending a family event and not engaged in the recovery process.
- There is marked improvement in clients' positive participation in treatment and desire to do well and not as much preoccupation with family issues.

Plan for Sustainability

Policy & Practice Changes

- We plan to continue the biweekly Color Him Father group. The Mending Begins program will also continue as a weekly family event, and will include families eating at a table together.
- We sought male colleagues from the mental health side of our agency and other treatment facilities to volunteer for the Color Him Father sessions.

Cultural Impacts and Other Considerations

- We learned that we can *expand the strategies* to achieve and obtain improved results in the treatment process not only for the mother, but for her family members as well.
- Our program is different today than before due to *enhanced programming* from fathers, children, and other family members of the clients.
- Our words of wisdom are to continue to meet and talk about the projected change until everyone can *share the vision of recovery*.
- The culture of our organization has changed *toward inclusion of families, fathers and father figures, and all children.*

Choctaw Nation Chi Hullo Li

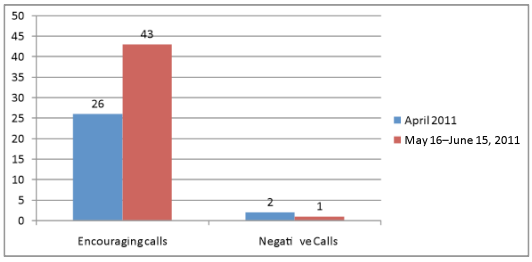
Changing Lives for the Future of Our Children

Residential Treatment Program
for Native American Women and Their Families
Talihina, Oklahoma

Engage nonresident children via phone contact to improve mother–child relationships

- The goal: Increase positive phone contact with nonresident children to engage them in treatment process with mother by increasing mother's parenting skills.
- The change made: The children's coordinator would coach mothers on how to encourage nonresident children during phone contact.

Encouraging Calls/Negative Calls



Outcomes from Improved Engagement

- The quality of the mothers' interaction with nonresident children has improved: increased encouraging calls by 65%, and decreased negative conversations by 50%.
- Mothers are closer to nonresident children.
- Mothers got a reason to stay in treatment.
- Families are stronger.

Sustainability

- To sustain the change, ongoing coaching with mothers will be part of parenting classes.
- In the future, we may look at using Skype to enhance contact due to distance.
- Organizational changes: Phone logs were developed to collect data, and staff were trained to log the types of contact.

Cultural Impact

- We shifted our focus to quality of engagement versus quantity.
- New mindset: Family oriented instead of client oriented
- This change improves outcomes for our families.
- Words of wisdom: Collect data and take the time to understand what it means.

Weaving Holitopa into the lives of our families

Treatment Improvement

Chrysalis House
Lexington, KY

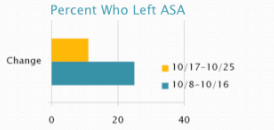
AIM

- DECREASE NUMBER OF WOMEN WHO LEAVE TREATMENT IN THE FIRST WEEK

CHANGE

Before	After
Assign each client a mentor who is an active client in treatment	Assign each client a graduate mentor

Time Period	Admissions	Left ASA	% Left ASA
(1) 10/8 thru 10/16	8	2	25%
(2) 10/17 thru 10/25	9	1	11.1%



Results

How We Measured Change

- Comparison of two time periods:
  - Admissions
  - Number/percent of those leaving within first week of treatment

Advantage of Improved Engagement

- The goals of this grant are predicated on a family-oriented system of care which takes time for assessment of need and service delivery.

Sustainability

- Process in place to continue recruitment of graduates to serve as volunteer mentors
- Staff trained to match graduate mentor with new clients
- Graduate activities in place to encourage future volunteerism, e.g., alumnae dinners, speakers, etc.

Cultural Impacts/Considerations

Words Of Wisdom

Boston Consortium for Latino Families in Recovery

- Entre Familia Residential Program, Mattapan, MA
- Boston Public Health Commission

AIM

- Increase the number of family members who attend at least one event at Entre Familia within first 30 days of treatment.
- Increase the percentage of women in treatment who have a family member attend at least one event during treatment.
- **Change**: Bilingual Family Orientation Handbook

Number & Percentage of Total Clients

Prechange

(3 months prior to start of new family handbook)

1 1/6 = 16.7% 3 3/6 = 50%

Postchange

(3 months after start of new family handbook)

2 2/3 = 66.7% 3 3/3 = 100%

Advantage of Improved Engagement

- Increase family involvement in treatment
- Increase retention

Sustainability

- Implement family orientations within the first 30 days of treatment.

Cultural Impacts/Considerations

- Bilingual handbook
- Orientations via phone for family members who were not available for a face-to-face meeting

Gaudenzia, Inc. Vantage

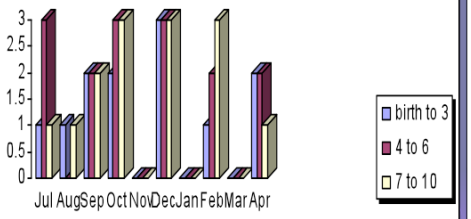
Lancaster, Pennsylvania



The Change

- Our initial aim was to increase the number of children not living at Vantage who come visit their moms in treatment by sponsoring "Family Fun Days."
- Our "Family Fun Days" take place every other month.
- We adapted our change project: During the "off" months moms would be able to receive or make two additional phone calls to their children living outside Vantage to hopefully increase the number of children attending.
- This has all been adopted into our daily schedule and is an ongoing part of our program.

CHILDREN VIISTING GROUPED BY AGE



INCREASE OF 40% FROM BASELINE DATA

Improved Engagement

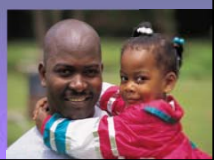
- Increased engagement of children which led to more openness and engagement with other relatives
- Fathers, father figures, relatives and friends
- Attendance at the in-house Family Education Program
  - Improved family relationships
  - Improved co-parenting
  - Increased positive recovery supports

Sustainability

Continuing Family Fun Days with client input and preparation

Focus more on the whole family coming to Family Fun Days

- Change team continues to meet 2x per month
- Planned scheduled activities
- Periodic focus groups
- Future goals, leaders made
- Family Fun Days and increased phone calls now in daily schedule



Lessons Learned

- Family engagement is critical to improving treatment outcomes, retention, and specifically improved family functioning.
- Staff are much more accepting of the client's identified support.
- SMALL CHANGES PRODUCE LARGE PROGRAM IMPROVEMENT

Sober Women Healthy Families
Who We Serve

112 Women Served

Ethnicity:

European American	51%
Hispanic/Latina	39%
African-American	5%
American Indian	4%

Mean Age: 29 years old

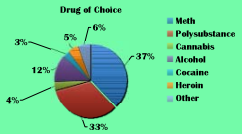
18–24	35%
25–34	42%
35–44	22%

Primary Caretaker of Children

Biological Mother only	50%
Biological Father only	19%
Both Biological Mother and Father	17%
Biological Grandparents (maternal)	7%
Biological Grandparents (paternal)	3%
Foster Care Parents	3%

Mean Age of Children: 6 years old

0–5	54%
6–10	26%
11–17	20%



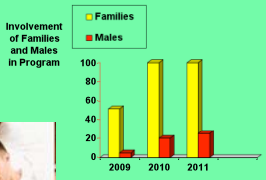
What Did You Do & Why?

- Implemented family nights to include MEN & male nights
- Provided family/couple treatment
- Results: 50 males engaged in program
- Higher number of turnout with male nights

Families Include Men

With the addition of family activities we increased male participation, including:

- Children's Fathers
- Clients' Fathers
- Stepfathers
- Brothers
- Grandfathers
- Boyfriends
- Grown sons
- Husbands

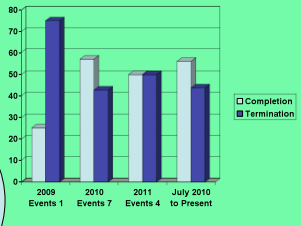


Changes in Completion Rates

- Family and male involvement may have improved completion rates
- This also changed staff attitudes

"In the beginning I was concerned as I felt that the men would be temporarily in the children's lives. But I had not thought about the grandfathers and dads being involved in both the children's and the women's lives. They are good male role models for the kids and that has been a positive thing."

- SWHF Case Manager



Plan for Sustainability

- Create a policy change for family nights within all perinatal/parenting programs within Good Samaritan Shelter.
- Engage donors to support activities that include the entire family and not just the mothers and children.
- Continue to educate staff on the importance of family engagement.

Cultural Impacts/Considerations

- Engaging the entire family has real healing value on the road to recovery.
- Good Samaritan Shelter is different today, as we are now focusing on the whole family reunification and not just mothers and children.
- Words of Wisdom: "*If the family were a boat, it would be a canoe that makes no progress unless everyone paddles."*

- LETTY COTTIN POGREBIN, Family and Politics

Independence House

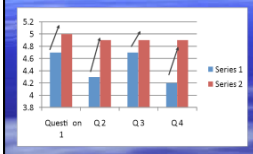
Pregnant and Postpartum Women

Project Aims

- To increase and enhance family/father engagement with client's treatment
- To reduce client's anxiety about family member involvement—10% reduction in anxiety is the goal
- Improve retention in the program by increasing client satisfaction

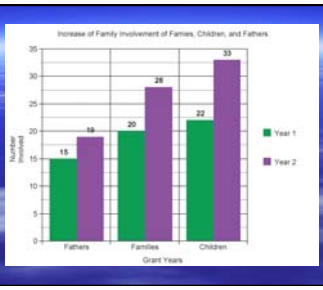
Decision Support

The Independence House PPW Developed and Conducted Client Anticipation and Reaction Survey
N=68



- Baseline- at admission
- PDSA cycle 1- after second family visit

1. My family is supportive of my recovery. 0 (totally unsupportive)–5 (fully supportive)
2. My family is willing to be involved in my treatment.
3. I want my family involved in my treatment.
4. I want my baby's father to be involved in the child's life changes.



Advantage of Improved Engagement

- Better aftercare support for client's
- Less client anxiety about leaving treatment
- Child has broader support network
- Reduced stigma for client within family
- Reduced family anxiety about child well-being

The Plan for Sustainability

- Since it did not cost money—it is self sustainable-intake process includes survey form
- Minor change in intake protocol
- Called for additional training of intake staff
- Improved client retention in program—we estimate a 10% improvement in client retention

Cultural Impacts/Considerations

- Reduction of anxiety surrounding involvement of fathers in the program can be accomplished by early intervention and processes developed to provide engagement/support
- Engagement of the family can reduce stigma
- We need to change the moral culture around substance abuse, particularly for pregnant abusers

Lorain County (Ohio) Alcohol and Drug Abuse Services

Pregnant and Postpartum Women's Residential Treatment at "The Key"

Improving Access to Treatment and Family Engagement for Residents

PDSA—What did you do and why?

What was the aim of your change and why did you select the change(s)?

- Improve admission process
- Increase family engagement
- Motivational incentives

Describe the change—how does it differ from what you did before?

- Assessments on demand
- Educational family group
- Special event night

First Things First

Reducing No Shows for Initial Assessment

Lorain County Improving Family Engagement

Family Engagement Prior to Special Events

Family Engagement after Special Events Added to Treatment Services

Advantage of Improved Engagement

Describe the extent to which there was a measurable gain in engagement

- Enrollment increased
- Increased family involvement

How does this gain potentially enhance program outcomes? Treatment retention? Recovery?

- Improved successful completion rate

The Plan for Sustainability

How will you sustain the changes?

- Continue to enhance admission processes
- Collaborative partners
- Family program

Do you have ideas for other changes that will reinforce a focus on family engagement?

- Education/training of staff
- Advisory/alumni committee
- Measurement tools (client satisfaction surveys)

What organizational changes were required to implement the change to focus on engagement?

- Use of evidenced-based curriculums
- Staff buy-in

Cultural Impacts/Considerations

What did you learn? Is there a specific promising practice or idea that you wish to highlight for your colleagues?

- Open to change
- Keep the focus on what's meaningful to customers/families

How is your organization different today than it was before you began to focus on family engagement and involvement?

- Improved therapeutic relationships with our customers
- More positive/softer approach

Do you have any words of wisdom for those who will try to replicate your work in their programs?

- Be open minded and open to change

Preserving & Reuniting Families in Recovery

Meta House

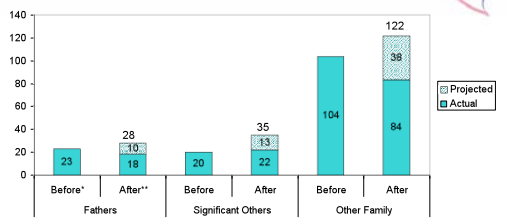
Milwaukee, WI

Christine Ullstrup, LCSW, CSAC, ICS

PDSA—What did you do and why?

- **AIM: To increase the involvement of significant others, children's fathers and father figures, and family in our services**
- **Why?**
  - We saw the value added to our clients' treatment when these individuals participated (from the beginning of their treatment)
  - Fathers and significant others are the most difficult to engage
- **Change Project #1**
  - Cycle 1: Our admissions coordinator encourages client to bring significant other, father of children and/or family to client's admission.
  - Cycle 2: Our admissions coordinator calls C&F staff when family comes to admit and C&F staff gives family a tour and packet of info on C&F services.
- **Change Project #2**
  - Cycle 1: E-mail from C&F manager to staff re: Mommy, Daddy, and Me.
  - Cycle 2: Review family of new admits to invite to Child and Family services during weekly staffing
  - Cycle 3: Hand out flyers with Open House, Meta Mixer, and AODA ed dates

Father, Significant Other, and Other Family Participation in Services Over Time



* Oct 2008–Mar 2010
** Apr 2010–Sep 2011
(Change project began in the summer of 2010)

Advantage to Improved Engagement

- We far exceeded the number of family members we planned to serve in the grant.
  - We aimed to provide services for 180 family members, and we served 246 (and counting).
- Because a client's length of stay at Meta House is primarily determined by external forces, it is unclear how the changes affect treatment retention.

The Plan for Sustainability

- How?
  - Admissions procedure and checklist incorporates change project #1.
  - Admissions coordinator reports monthly on family participation at admission.
  - Program director discusses this weekly in staffing.
- Other ideas?
  - Other future changes: Invite to Rec 'n' Roll, door prizes, food
- Changed admissions and staffing procedures
  - Cultural shift

Cultural Impact/Considerations

- Make a topic of conversation in all settings
  - Admission, wraps, staffing, etc.
- Cultural shift
  - **Should** fathers/SOs be involved? → How **can** fathers/SOs be involved?
  - Staff more open to change and thinking outside the box
- Words of Wisdom
  - No shoes, no shirt, no visit
  - What men want…?

NIATx PPW

FAMILY ACHIEVEMENT IN RECOVERY

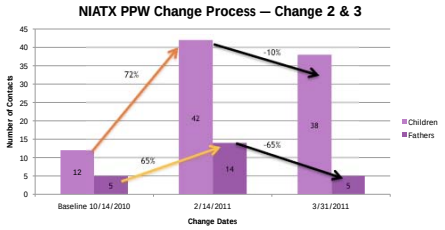
Dianne Clarke, Executive Champion
Laurie Schoepe, Change Leader
Mark Vargo, Ph.D., V.P. for Research and Evaluations
Linda Woodworth, PVDC Director
Meredith Moran, Research
Traci McCree-Perkins, CC/FIS
Lisa Thomas, CC/FIS

PDSA

Developed two Family Intervention Specialist positions to specifically target family involvement	To give greater accessibility for outreach to non-residential children and fathers due to a multicounty client base
Increase family education nights to two times monthly	To increase family access by giving more opportunities for ongoing family education and client visitation
Increase visitation from once per month to twice per month for supportive family members	To engage the families and nonresidential children in the therapy process

RESULTS

- Initial family involvement increase
  - Father—65%
  - Children—72%

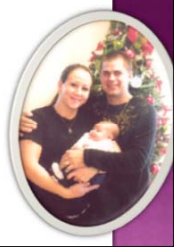


BUSINESS CASE

- Increased family contact
- Increased contact and reunification with nonresidential children
- Increased the family's ability to experience family fun without the influence of substances
- Increased caregivers' and family's sense of hope that the negative impact of substance abuse can be ameliorated

SUSTAINABILITY

- The process of family nights and visitation were schedule changes not attached to funding or positions.
- Continue updated notification to the families of visitation and family night activities
- Develop a best practice for continued data collection and analysis after the grant cycle ends



CULTURAL IMPACTS

- Follow the process
- Highlighted awareness
  - Developing a multidisciplinary quality management team
  - Translate the success of the process to the comprehensive program
  - Focus on sustainability of current changes as well as developing a process for future change

Louisiana Health and Rehab Center
Reality House/WCFT
Baton Rouge, LA
Performance Improvement Summary

It changed everything!!

PDSA

AIM

- **To increase client retention rate**
- **To increase family engagement**
- **To increase engagement of fathers and father-like figures**

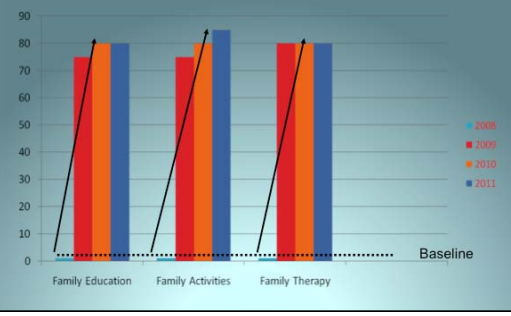
PDSA

CHANGE

- **Adopted new procedures to engage families and fathers during the initial intake process**
- **Increased activities involving families and fathers during the treatment process**
- **Increased family and fathers visitations**

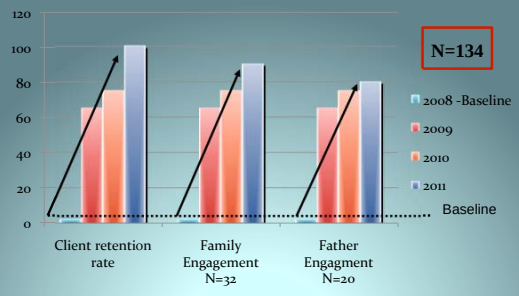
Decision Support

-Baseline was virtually zero before the PDSA changes -



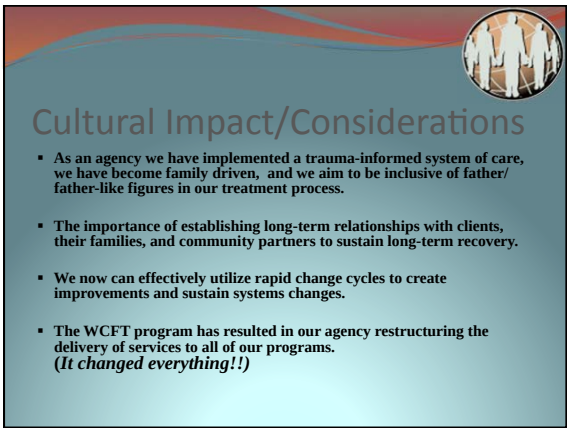
Advantage of Improved Engagements

- Baseline was virtually zero before the PDSA changes -



The Plan for Sustainability

- **Continue to use the rapid change cycles to implement systems change.**
- **Continue to establish community partnerships and MOAs to meet the needs of the entire family unit by linking them to services (e.g., early childhood development, fatherhood services, housing, and job skills).**
- **Adopt and continue new practice of early engagement of family, fathers, and father-like figures during the intake process and throughout the course of treatment.**
- **Increase new positions to accommodate the needs of the target population served.**
- **Expanded the hours of operation to meet the needs of the family.**


Cultural Impact/Considerations
As an agency we have implemented a trauma-informed system of care, we have become family driven, and we aim to be inclusive of father/ father-like figures in our treatment process.
The importance of establishing long-term relationships with clients, their families, and community partners to sustain long-term recovery.
We now can effectively utilize rapid change cycles to create improvements and sustain systems changes.
The WCFT program has resulted in our agency restructuring the delivery of services to all of our programs.
(It changed everything!!)

River Region Human Services, Inc.

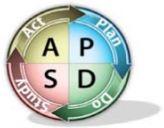
Jacksonville, FL

Women, Children, and Family Treatment Program

- Residential treatment for pregnant and postpartum women for up to 6 months
- Counseling, case management, and housing referral services for women, children, and significant others

PDSA Aim

- Increase continuation of women in treatment by increasing family/significant other (SO) involvement in the treatment process

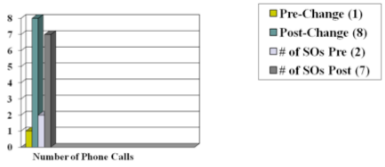


Change

- Counselors will make an initial phone call to the client's SO within 3 working days of the client entering treatment.
- Phone call consists of:
  - Counselor's name and contact info and a brief explanation of the treatment program
  - Brief assessment of the client's need for treatment
  - Emphasis of client remaining in treatment
  - Referral to local support group such as Al-Anon

Results

- Data was collected over two distinct 3-week periods
- Number of phone calls made to SOs within 3 days of intake pre and postchange
- Number of SOs engaged in treatment pre and postchange



Advantage of Improved SO Engagement

- There was a significant increase in family/SO engagement with this change from two up to seven over the 3-week period.
- The change had a positive impact on continuation for those clients in the pilot—increased length of stay from an average of 62 days up to 72 days.

Sustainability Plan

- We continue to maintain our expectation that counselors make an initial call within 3 working days of a client entering treatment.
- We created a call log for the counselors to use when doing a new intake.
- Counselors are expected to turn their call logs in on a monthly basis.
- Call logs are checked by the clinical supervisor.

Cultural Impacts/ Considerations

- Counselors know more about their clients' family dynamics.
- SOs are more informed about treatment.
- SOs are more engaged in treatment.
- We are building on the capacity of our staff to implement performance improvement overall.
- We are using this change with both WCFT and non-WCFT clients.
- There has been a shift in the clinical culture from identified patient to family disease model.

PROJECT STRONG FAMILIES

St. Monica's Behavioral Health Services for Women
120 Wedgewood Dr.
Lincoln, NE 68510
(402) 441-3768
www.stmonicas.com

Serving pregnant and postpartum women, their children, and families

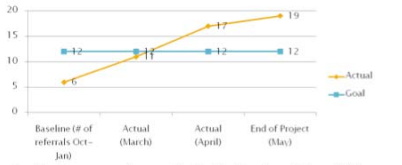
AIM: To increase referrals and admissions (Goal: to increase referrals by 50 percent)

There were two changes associated with this project:

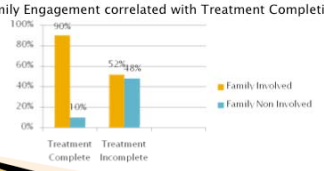
- ***1st Change:***
  - Multiple communication efforts including mailing, phone calls, presentations to other agencies at community meetings/gatherings
- ***2nd Change:***
  - Dedicated admission phone line that is answered at first call (or returned within 1 hour)

RESULTS!

Improved admissions through dedicated phone line and improved outreach



Family Engagement correlated with Treatment Completion



Advantage of Improved Engagement

- Referrals to the PSF program increased by ***217 percent***
  - Baseline: 6 referrals
  - Goal: to increase referrals by 50 percent (12 new referrals)
  - Final result: 19 new referrals
- Access to Service surveys indicate a 24 percent increase in the number of callers connected with someone on their initial call; wait-time for services has been reduced by 18 percent.
  - Pre change: 46 percent were admitted within 2 weeks of initial call
  - Post change: 64 percent were admitted within 2 weeks of initial call
- We have increased the number of family members involved and participating in the family education group and/or receiving family services from 5 percent to 78 percent.
- Only 52 percent of the women who did not complete the program had family actively participating in their treatment, but 90 percent of the women who completed the program had family that were engaged and involved in their treatment.
- We've had a 34 percent increase in treatment completion rates for women admitted after we implemented the dedicated admission phone line.

The Plan for Sustainability

- Contact with family members within 10 days of admission and the dedicated admission/referral phone line are now permanent parts of the admission process.
- The successes of the PSF project have led to the expansion of the family education group to other programs within the organization.
  - An evening group was added to weekly schedule.
- Ideas for other changes to reinforce a focus on family engagement are:
  - Having a family issues class that is *required*
  - Reinforcing the cultural shift in staff thinking about families by providing ongoing staff training on family systems case formulation

Cultural Impacts/Considerations

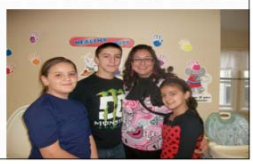
- Better communication with referral sources has allowed us to build rapport and establish relationships with other providers and organizations in the community and across Nebraska.
- Establishing a relationship with family members at admission or soon after increases the likelihood that they will participate and that the client will be retained in treatment.
- Faster, more efficient responses to initial calls for services increases client retention.
- Organizationally we see the importance of maintaining the family connection while in treatment.
- Through the Relational Theory Model we know that women focus on relationships and that having family members involved in treatment increases client retention.

Transitions

- Located in Fort Wayne, Indiana
- 14-bed facility for women and their children
- Began in 1996

Family Day

- Aim: Increase family participation (children, fathers and extended family and support people)
- Every other month
- Children, fathers, parents, friends and sponsors
- Examples: Halloween Party, Game Night, Spring Fling



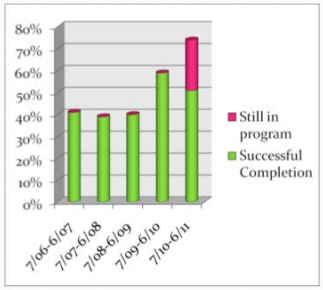
Results

Average Women With Visitors

Average Total Number of Visitors

Secondary Impacts

- Successful completion has increased dramatically.
- A high percentage of women either had children placed with them (46%) or had visits with their children (32%). Baseline was 39% and 25%.
- Many family members have been educated through mailings about addiction and recovery (194 family members).



Sustainability

- Changes in Policies and Procedures
  - Client orientation
  - Addition of network therapy, 1:1s, mailed educational materials
  - Implemented Family Professional Service Plan and logic model
- Inclusion of client rep on change teams
  - Increased client buy-in and enthusiasm
- Family focus included in all new staff orientations

Cultural Impact

- Change in Culture
  - Eliminate probationary period
  - Begin educating families through mailings
  - Encourage phone calls/sessions with staff and family members
  - Family days
- Change in DCS procedures
  - Family team meetings onsite
- Begin meetings onsite: 12 step/Al-Anon