

DHS Transformation Initiative
Addictions and Mental Health Transformation Initiative O11
Lean Using NIATx
Event Charter

September 27, 2101

Version 0.4

<p>Situation / Problem Definition (What problems are we trying to solve?)</p>	<p><i>Preamble:</i> To benefit from addiction treatment, people need to stay past the first session. Furthermore, treatment research confirms that people who stay involved for at least 90 days have significantly better clinical and recovery outcomes. People who access residential treatment need to experience effective and timely transitions, continuation of care, by accessing community-based outpatient or recovery support services to maintain gains made during the residential episode and successfully reintegrated to community living and recovery. The Network for the Improvement of Addiction Treatment (NIATx) is a nationally recognized, proven approach to improving processes applied at the addiction treatment provider level that directly improve retention and continuation of care. Oregon participated in NIATx 200, a randomized clinical trial funded by the National Institute on Drug Abuse throughout 2008 and 2009, assisting 36 providers in Oregon to implement continuous process improvements to increase admissions, increase retention, decrease no shows and decrease wait times. These programs showed successful improvements in those areas.</p> <p><i>Problem(s):</i></p> <ul style="list-style-type: none">• While NIATx 200 engaged private providers, little attention was paid to engaging AMH contractors, the County Mental Health Programs (CMHPs) and alcohol and drug managers who work with the CMHPs, or Fully Capitated Health Plans (FCHP).• Despite a contract standard and focused attention on retention, fewer than 67% of
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	<p>Intensive Treatment and Recovery Services (ITRS) participants are retained in outpatient treatment for 90 days.</p> <ul style="list-style-type: none"> • Fewer than 45% of people accessing residential treatment transition to lower levels of community outpatient care within 14 days. This is also a contract standard for residential ITRS providers.
<p>Vision for Success, objectives, and metrics (What specific benefits, tangible and intangible, will we achieve and when?)</p>	<p><i>Strategy:</i> This initiative aims to expand the principles of NIATx to 18 ITRS programs in Oregon. Nine ITRS programs (for the 2009/2011 biennium) were selected as early adopters to use NIATx as a process improvement tool with an emphasis on:</p> <ul style="list-style-type: none"> • increase client retention in outpatient services for 90 days or longer; and, • continuation of services from residential to outpatient treatment within 7 days of discharge • engaging FCHPs and CMHPs in the role of assisting and supporting NIATx process improvement strategies. <p>The second cohort of nine ITRS programs will be selected and will start the project July 2011 through first quarter of 2012.</p> <p>For this initiative to be successful, the following conditions will be met:</p> <ul style="list-style-type: none"> • An increased number of CMHPs will meet contract performance standards related to treatment retention for ITRS participants. • An increased number of residential treatment programs will meet contract performance standards related to continuation of care. • The above conditions, combined with other

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	<p>process improvements generated through NIATx, will improve system-level outcomes for ITRS participants including family reunification and cost-offsets to the foster care system.</p> <ul style="list-style-type: none"> • This initiative touches roughly 2,700 individuals who access ITRS services. • A learning community comprised of a combination of contractors, CMHPs, and FCHPs will emerge through this initiative. AMH will work to keep the momentum going by generating effective communication, sharing successes, and providing useful tools. • The following NIATx aims comprise metrics to be tracked during the initiative: 			
	Aims	Baselines Contractor Performance	Target	Index
	Continuation of services from residential to outpatient	45% of individuals enrolled in ITRS programs continue from residential to outpatient programs	60%	Percent of participants successfully transitioning to O/P within 7 days of D/C from residential.
	Retention for longer than 90 days	Statewide average: 67% Roughly half of contractors meet 60% interim performance	75%	Percent of participants retained in outpatient treatment for a minimum of 90 days.

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		target.		
<p>Guiding Principles</p>	<p>The following guiding principles will influence this initiative:</p> <ul style="list-style-type: none"> ■ Helping people achieve and sustain recovery by accessing a Recovery Oriented System of Care is the overarching goal forming the basis for process improvements under this initiative; ■ The perspective of people who have experienced services will be a primary influence for process changes – people in recovery will be partners in this initiative and consulted for guidance and input; ■ A partnership approach will be used to work with CMHPs, FCHPs and providers to problem solve their processes that need improvement; ■ Throughout this initiative, efforts will be made to foster a learning community; ■ Successes, no matter how small, will be celebrated and recognized; ■ LEAN tools will be utilized by project sponsor and staff to implement the initiative; and ■ NIATx tools (which were developed based on the same theoretical / research foundation as Lean) will be used at the CMHP and provider level for process change and improvement. 			
<p>Approaches to be used</p>	<ul style="list-style-type: none"> ■ LEAN Transformation governance structure will be used to generate excitement, create and sustain momentum, facilitate communication, guide resource development and commitment, and remove barriers; ■ Current and future state mapping; ■ Project management; ■ Base-lining, benchmarking; ■ Metric and benefit tracking; ■ NIATx tools <ul style="list-style-type: none"> ▪ Walk-through agency ▪ Coaching ▪ Learning Circles 			

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	<ul style="list-style-type: none"> ▪ Interest Circles ▪ Website ■ Continual process improvement; ■ Change management; ■ Stakeholder analysis; and, ■ Communications tools – Facebook, GOTO meeting, and conference calls.
<p>Scope – organizational unit, process, function, and geographic</p>	<p><i>State Level:</i> This initiative will involve dedicated staff time from the Addictions Program and Policy Development Unit, Treatment Section, Workforce Development, and the OHSU Addictions Technology Transfer Center (ATTC). Close partnership and linkage with CAF will also be important throughout this initiative given the focus on ITRS participants.</p> <p><i>CMHP/Intermediary:</i> CMHPs and FCHP will be approached about being involved in this initiative on several levels:</p> <ul style="list-style-type: none"> • Serving on project steering committee; • Serving on project operations/business committee; • Assistance facilitating events, e.g. learning sessions, training or other relevant events supporting the initiative; and, • Providing input to contract language changes, rule changes, and policy or procedural guidance documents. <p>Statewide 18 ITRS providers contracting directly with AMH and sub-contracted providers contracting through CMHPs.</p> <p>Scope includes <i>training and workforce development</i> efforts aligned with NIATx, <i>contract language</i>, <i>performance management</i> and <i>performance contracting</i> strategies, and possible <i>OAR language</i> changes.</p>

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	Scope does not involve Seniors and People with Disabilities or Public Health
Deliverables	<ul style="list-style-type: none"> ■ Project plans; ■ Business Case; ■ Current state assessment; ■ Stakeholder analysis; ■ Communication plan; ■ Training plan; ■ Implementation plan; ■ FAQ's; ■ Web-site updates; ■ Status reports; ■ Metric updates; and ■ Final reports.
Timing & Milestones	<ul style="list-style-type: none"> ■ Initiation – 04/10 through 05/31/10 <ul style="list-style-type: none"> ○ Initiative Lead/Sponsor (governance structure) ○ Core team/Steering team identified ○ Charter/project requirements ○ Project approval ■ Planning – 06/01/10 thru 10/01/10 <ul style="list-style-type: none"> ○ Project plan ○ Baseline/metric identified ○ Initiative and progress reporting cadence and format ■ Execution 10/01/10 <ul style="list-style-type: none"> ○ Selection/engagement with 9 early adaptors
Major Activities	<p>This Initiative will expand process improvement principles to 18 providers and target 9 providers in the first cohort. This Initiative will involve the following activities:</p> <ul style="list-style-type: none"> ■ Resource the initiative and building Governance; ■ Analyzing current states of contracts & policies; ■ Designing a future state; ■ Creating & implementing a long term training and

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	<p style="text-align: center;">support strategy;</p> <ul style="list-style-type: none"> ■ Solidifying the baseline metrics and the means to tract and report on-going metrics; ■ Implementing an action plan; ■ Analyzing issues and risks; ■ Creating a communication plan and schedule; ■ Provider walk-thru; and ■ Learning circles, interest circles, coaching, web based information
Dependencies	<ul style="list-style-type: none"> ■ Alcohol and drug treatment system (including capacity); ■ State capacity to support NIATx spread and sustainability; ■ Capacity of CMHPs and FCHPs; ■ Buy-in to NIATx; ■ Licensing rules; ■ Contract language; ■ Funding and staff resources capacity (include time and skills); ■ Workforce development/training; ■ Provider participation and buy in; and ■ ATTC collaboration and resources.
Decision Making	<p>What role (authority) will stakeholders play? Advisory teams?</p> <ul style="list-style-type: none"> ■ Providers to lead a NIATx project that meets the NIATx aims. ■ Stakeholders understanding of LEAN and NIATx principles. ■ Decisions will be logged by the Initiative Lead and will include the decision, date, who needs to be informed and any updates; ■ When decisions cannot be made, the initiative sponsor will make the final decision and may elevate the decision as needed; ■ Decisions are made promptly; and ■ Use CMHP and possibly FCHPs as change agents.

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<p>Issues & Resolutions</p>	<ul style="list-style-type: none"> ■ Issues and risks will be logged by the Initiative Lead and will include date, responsible party, updates, and who needs to be informed; ■ This initiative will implement the following measures to decrease issues and risks: <ul style="list-style-type: none"> ○ Communication plan and schedule; ○ Include stakeholders; ○ Clear scope; ○ Regular status updates and reviews with team, leadership, stakeholders; ○ Monitors projects timelines, scope, budget; ○ Follow all polices, procedures, rules; ○ Adequate resource investment; and ○ EBP newsletter. ■ Monthly CMHP A&D Managers call; and ■ Initiative lead will use the governance structure to resolve issues.
<p>Risk Mitigation</p>	
<p>Initiative Sponsor and steering body members <i>(Who will guide our work, set scope, provide resources, and approve our recommendations? When choosing, consider in particular the scope of this initiative – scope may suggest specific individuals who might be natural candidates to be sponsors.)</i></p>	<p>Initiative Sponsor: Karen Wheeler Initiative Steering Body Members: Participants from Addictions and Mental Health include:</p> <ul style="list-style-type: none"> ■ Jon Collins, ■ Jeannine Beatrice, ■ Jim Bradshaw, ■ Joan Wan, ■ Diane Lia <p>Cheryl Schollenberg Division of Medical Assistance Programs (DMAP) Pharmacy Jay Wurscher, Children, Adults and Families (CAF), Rick Treleaven, CMHP, provider Jeff Peters, Washington , CMHP, Denna Vandersloot, (NFATTC), Patty Beeker, Oregon Health Management Services (OHMS),</p>
<p>Initiative leader <i>(Who will drive the daily work for this initiative?)</i></p>	<p>Initiative Lead: Diane Lia</p>

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Initiative core team members <i>(Who will be on the initiative's core working team?)</i>	Participants from Addictions and Mental Health include: <ul style="list-style-type: none"> ■ Diane Lia, ■ Therese Hutchinson, ■ Shawn Clark, ■ Dagan Wright, ■ Dana Peterson, Ray Hudson, CMHP Multnomah County Alcohol & Drug Manager, Tanya Pritt, Milestones Provider Patty Tout (Admin. Support)
Steering Approval	Date: Reviewed: 08/19/10 Initiative Steering team