

Building Effective Substance Abuse Treatment (BEST): Overall Assessment and Planning Report

November 2002

This report was prepared in consultation with the Charles and Helen Schwab Foundation by the American Institutes for Research.

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TO THE READER:

In spring 2002, the Charles and Helen Schwab Foundation launched its three-year, multimillion dollar, capacity-building initiative to develop more effective substance abuse treatment provider organizations by investing in infrastructure, organizational practice and systems-level change. The Building Effective Substance Abuse Treatment (BEST) Initiative seeks to maximize the efficiency and effectiveness of substance abuse treatment providers to better serve the needs of their clients.

In light of recent legislative changes, such as the passage of Proposition 36 and the budget shortfall that faces the state of California, the substance abuse treatment field finds itself in the difficult position of having to serve more clients with drastically reduced funding. The scramble to provide increased services with less money leaves many providers without the resources or ability to perform the necessary organizational restructuring needed to handle the workload. The goal of the BEST Initiative is to fill that gap and provide support, both monetary and technical, to these substance abuse treatment agencies.

This report provides a summary of the Assessment and Planning Process (APP), the first phase of the four-part BEST Initiative. Led by a consulting team from the American Institutes for Research, the APP helped providers identify and prioritize their organizational needs. This report also touches on lessons learned during the process as well as its findings and recommendations.

The Schwab Foundation hopes this report will assist you in your capacity-building efforts. As the foundation progresses through the BEST Initiative, we continually learn and refine our Initiative. We are eager to share our knowledge with any interested parties.



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INTRODUCTION

The Building Effective Substance Abuse Treatment (BEST) Initiative is a three-year, multimillion-dollar initiative undertaken by the Schwab Foundation. It is a capacity-building initiative designed to develop more effective substance abuse treatment provider organizations by investing in infrastructure, organizational practice and systems-level change. The initiative's grantees are nonprofit substance abuse treatment providers in San Mateo County, California. Each is receiving funding over a three-year period, as well as technical assistance, training and other forms of support.

The first phase of the BEST Initiative involved an assessment and planning process (APP) led by a consulting team from the American Institutes for Research. This team had expertise in a variety of areas related to the initiative's goals such as substance abuse, organizational psychology, health services and business. The consulting team worked with each of the participating providers over a period of several months to help them identify their organizational priorities and articulate the capacity-building project they wanted to undertake with BEST funds.

This report provides a summary of the BEST APP, some of the lessons learned during this process, and its findings and recommendations.

THE ASSESSMENT AND PLANNING PROCESS

★ **Senior Staff Interviews** — In March and April of 2002, the APP team developed a consent form and protocol for conducting senior staff interviews with the Schwab Foundation's Substance Abuse program officer and the administrator of the San Mateo County Alcohol and Drug Programs. The purpose of these interviews was to elicit the program officer and administrator's views on the organizational capacity needs of the potential provider organizations in the BEST Initiative and get input related to developing the APP and protocols that would be used subsequently. The APP team's project director completed these interviews in April 2002.

★ **BEST Provider Orientation Meeting** — In April and May 2002, the APP team's project director participated in three planning meetings for the BEST Provider Orientation Meeting with the Schwab Foundation's Substance Abuse program officer and with staff from the initiative's management team. The meeting held on May 10 was designed to inform the 13 eligible providers about the BEST Initiative. Seven members of the APP team participated, along with representatives from the provider organizations, the Schwab Foundation, the initiative management team and the evaluation team. The meeting was highly successful, as evidenced by the fact that all of the providers decided to participate in the initiative.

★ **Assessment and Planning Process Framework**— In May and early June 2002, the APP team developed a working framework, that outlined the questions which would be answered about each organization during the APP. The framework was developed around eight organizational system areas: Purpose and Goal Attainment, Clinical Care/Services Provided, Governance and Leadership, Staff Development and Human Resources, Structure and Communication, Business Operations, Infrastructure, and Community Context/

Connectedness. The framework was used to guide all aspects of the APP including the development of assessment protocols and reports.

★ **Provider Executive Director Meetings** — In May and early June 2002, the APP team developed a packet of materials about the APP for the executive directors of the provider organizations and developed a consent form and protocol for use in introductory meetings with them. In early June, the APP team distributed the executive director packets, and the team's project director and deputy project director conducted follow-up phone calls with each of the 13 executive directors to schedule the two-hour introductory meetings. During late June, the project director and deputy project director conducted these meetings with each executive director and, in some cases, 1-2 other key staff members at each agency. The purpose of these meetings was to: 1) review the goals of the APP and the consulting team's general approach to it, 2) discuss any adaptations to this approach that might be needed to meet each provider's needs, and 3) gather overview information about each provider to enable the APP team to develop a plan for working with them (identifying staff to interview during the site visit).

★ **Document Collection** — In May and early June 2002, the APP team developed a document collection checklist containing a list of documents that each participating organization was asked to provide to the APP team as part of the assessment process. This checklist was left with the executive director of each organization at the end of their introductory meeting, along with pre-paid return labels and packing materials for sending these documents to the APP team. These documents were collected in June and July from 12 organizations. One agency did not submit documents and decided to delay further participation in the BEST Initiative because of their need to focus on recruiting and retaining an executive director.

★ **Site Visits** — In May, June and early July 2002, the APP team developed protocols for use in conducting provider site visits (consent form, interview guide, preparation checklist, etc.). In late July, August, and early September 2002, site visits were conducted at each of the 12 participating agencies by three-person teams consisting of two senior consultants and a project assistant from the APP team. Each two-day site visit consisted of six to eight individual and group interviews lasting about two hours each. After each visit, the site visit team drafted initial notes concerning their findings in each organizational capacity area in the APP framework, as well as their initial thoughts regarding possible BEST projects for the agency.

★ **Provider Self-Assessment** — In July and early August 2002, the APP developed and distributed a provider self-assessment guide to each agency. These were completed by the organizations and returned to and reviewed by the APP team in late August and September.

★ **Site Visit Processing and Reporting** — Site visit processing meetings, each involving about eight members of the APP team, were held in late July, August and early September 2002. During these three meetings, site visit teams presented the agencies they had visited prior to that time and the group discussed the teams' observations, findings and recommendations. During September and early October, first drafts of APP reports were completed and distributed to each agency. The APP team's project director and deputy project director also conducted follow-up meetings with the executive directors and key staff

at each agency to discuss the draft reports. Finally, in early October, the APP team revised the reports as needed based on the follow-up meetings and submitted final versions to the participating agencies and the Schwab Foundation.

LESSONS LEARNED

Our experience during the BEST Initiative revealed both strengths and areas for improvement in the APP. The American Institutes for Research is currently developing for the Schwab Foundation, two guides to conducting APP, one for professional consultants and another for agency personnel. These guides will detail lessons learned about the APP during the BEST Initiative. Brief descriptions of some of these lessons are provided for illustrative purposes below.

★ **Strengths** — Many aspects of the BEST Initiative APP were quite effective. Several strengths of the process are outlined below.

Framework

The conceptual framework we created proved to be invaluable for guiding the development of the APP protocols and procedures. It also was important because it enabled all of the Initiative partners to operate from a shared frame of reference concerning the questions that would be answered about each agency during the APP. It should be noted that we identified some areas for improvement in our initial framework and we plan to make several modifications to it. For example, we plan to create a ninth system area called Data Management/Quality Improvement that contains questions which were in the Purpose and Goal Attainment, Clinical Care and Infrastructure areas of our original framework. We found that this was an important area of need for many BEST agencies and want to give it more prominence by consolidating related questions.

Provider Orientation Meeting

The Provider Orientation Meeting was an important part of the APP in several ways. For example, discussing the APP framework and procedures at the outset of the Initiative enabled the providers to make an informed decision about their participation. It also provided a mechanism for establishing the common framework for the process that followed. In addition, it provided an opportunity for the consulting team to demonstrate its commitment to the process and several of the providers later reported that this was an important aspect of the APP. Providers said they were impressed with the fact that a large number of consulting team members were present at the meeting, not just one representative and that this set a positive tone for the APP.

Executive Director Meetings

Having initial executive director meetings proved to be critical for enabling the APP team to establish a relationship with each agency and to collect information that facilitated planning of the site visits.

Site Visit Team Composition

Having at least one senior consultant on each site visit team who had expertise in the substance abuse treatment field was important to the success of the APP. The other senior consultant could have expertise in this area or another area relevant to the BEST Initiative such as health services, organizational psychology, or business practices. This facilitated the team's ability to understand and evaluate the agencies, which was important to both the team and the agencies.

Multi-method Approach

An important part of the APP was our use of a multi-method approach that included introductory executive director meetings, document collection, individual and group interviews with a wide variety of staff during site visits, an agency self-assessment, and an opportunity for agencies to comment on first drafts of their reports. Although this was fairly labor intensive and time consuming, we believe it was essential to the integrity of our findings and was important in terms of making the APP a collaborative process between the consulting team and the participating agencies.

★ **Areas for Improvement** — Areas for improving the APP in the future also were noted during the BEST Initiative and several examples follow.

Sequencing of APP Stages

We completed each stage of the APP with every agency before proceeding to the next stage (i.e., we completed all the executive director meetings first, then all the document collection, then all the site visits, and then all the reporting). This proved to be quite difficult in the later stages of the process because we were dealing with a large number of agencies (e.g., it was difficult to be thinking about and generating reports for 12 agencies at the same time). In the future, we believe it would be more effective and efficient to complete all the executive director meetings and document collection procedures first, and then complete the site visit, reporting and feedback processes with each agency sequentially.

Attention to Diplomacy/Relationships

We learned that it is important for the APP team to vigorously attend to matters of diplomacy and to nurturing relationships with participating agencies. For example, at the beginning of the APP, we sent the executive director packets by FedEx and had the project director and deputy project director make follow-up calls to the executive directors to make sure they received them, answer questions and schedule the introductory meetings. This process was uniformly well received. But, towards the end of the APP when timeline was more pressured, we sent the first draft reports via e-mail and had a project assistant call the executive directors to schedule follow-up meetings. While most found these procedures to be acceptable, a few experienced them as impersonal and inadequate, such as when the assistant could not answer their questions. To address this in the future, we plan to have senior staff call the executive directors to tell them their initial reports are done, ask if email distribution is acceptable, and remind them that the follow-up meeting will be used to resolve any problems with the first drafts (factual errors, problematic wording, etc.).

FINDINGS AND RECOMMENDATIONS

★ **Cross-Agency Strengths** — The APP revealed a number of cross-agency strengths, which are discussed below.

Shared Mission

Staff members across the BEST agencies had a strong, shared sense of purpose in relation to helping their clients overcome drug/alcohol problems.

Passionate, Dedicated and Creative Leaders and Staff

Management and staff across the BEST agencies were very passionate about their work, dedicated to the field of substance abuse treatment and their agencies, and creative in finding ways to maximize their ability to provide quality services to clients given limited resources.

Solid Relationships with the Community

Many BEST agencies reported that they had strong relationships within their community, including with other substance abuse treatment providers, other organizations with whom their clients interact (schools, providers of complementary services, etc.), and referral sources, such as probation departments. This clearly facilitates their ability to effectively meet their clients' various needs.

★ **Cross-Agency Needs** — The APP also revealed a number of cross-agency needs and challenges, which are discussed below. Most of the recommendations for BEST projects made to individual agencies were in the following areas. All of the areas listed were notable, but the first three were more significant needs than the last three. Cross-agency collaborations may be useful in addressing these issues. The Schwab Foundation could facilitate such efforts by funding cross-agency BEST projects in these areas.

Organizational Development

Agencies varied in terms of the specific issue or issues they faced in this area, but all had one or more needs in terms of organizational development (this broad area crosses multiple APP framework categories including Purpose and Goal Attainment, Governance and Leadership, and Structure and Communication). Multiple agencies had needs in terms of strategic planning, board development, senior management development (training, team building and succession planning), and adjusting their organizational structure and staffing to support recent growth or cutbacks.

Data/Quality Management Systems

All agencies had significant needs in this area. These included staff being overloaded with paperwork; being unable to effectively and efficiently access and use data that is collected; wanting to collect more and/or different data; having administrative and clinical data systems that are not integrated; and needing information technology hardware, software, networking, training and support. Several agencies noted that many of the difficulties they experience in this area are related to external data collection demands. For example, they reported that different funders/regulators often request the same information, but have incompatible data systems such that agency staff must enter the same information separately into multiple databases.

Fund Development

Most agencies in the BEST Initiative are highly dependent on county government funding, and all have significant needs with respect to increasing and diversifying their funding streams and generating more discretionary funds.

Staff Training

All agencies have training needs related to clinical topics (current best practices in drug/alcohol treatment approaches, working with dual diagnosis clients, etc.) and administrative subjects (personnel regulations, basic computer usage, use of existing software, etc.).

Human Resource Systems

All of the nonprofit BEST agencies reported one or more challenges in the area of human resource systems. These include low staff wages relative to comparable for-profit or government agency (e.g., county) positions in the Bay Area; difficulty recruiting bilingual staff; limited retirement plans and/or health insurance coverage for dependents; and limited opportunities for staff advancement, particularly in smaller agencies.

Unmet Clinical Care Needs

Staff members across the BEST agencies consistently reported that there are insufficient community resources available to provide for client needs in terms of detoxification, psychiatric/mental health and transitional housing services.

★ **Cross-Agency Sharing and Learning** — Several areas were identified during the APP in which it appears that BEST agencies could learn from one another via sharing of knowledge and practices. The Schwab Foundation could facilitate such efforts via presentations and discussions during BEST Learning Community meetings.

Use of Volunteers

The use of volunteers can facilitate and increase an agency's ability to provide clinical services and complete administrative tasks. However, most agencies in the BEST Initiative reported little or no use of alumni (former clients) or community volunteers. Staff often expressed interest in using volunteers more, but cited barriers such as concerns about confidentiality, insufficient staff to screen and supervise volunteers, and mismatches between volunteer interests and agency needs. Two agencies seemed to have overcome these barriers and were strong in their use of volunteers. Service League makes extensive use of community volunteers and Women's Recovery Association has a strong alumni program. These agencies might be able to assist other organizations that are interested in expanding and improving their practices in this area.

Clinical Training Program

As is the case with volunteers, use of clinical trainees (drug/alcohol certificate, social work, psychology, etc.) can facilitate and increase an agency's ability to provide clinical services and complete administrative tasks. Many agencies reported some use of such trainees, but it was often informal and/or minimal. Family and Community Enrichment Services, Inc. was particularly strong in terms of having a fairly well-structured and well-run internship program that involved a relatively large number of

diverse trainees who received high-quality supervision and training. Horizon Services and Pyramid Alternatives also have more formal, albeit smaller, intern training programs than most other organizations. These three agencies might be able to assist other organizations that are interested in expanding and improving their practices in this area.

Fund Development

As noted above, all agencies have needs in the area of fund development, but several are stronger in this area than others. Women's Recovery Association has a small but very solid fund development department headed by a recently hired development director who has exceptional experience with a large, federally-funded agency and has clear goals and plans for increasing and diversifying WRA's funding streams (including obtaining more diversified foundation funding and establishing a major donor program, a matching corporate grants program and a planned giving program). Asian American Recovery Services also recently hired a full-time development director and recently launched a large fund-raising campaign. Project 90 has a development department, raises funds through the use of client work crews, and generated revenue via participation in a federal program for nonprofits that allowed the agency to purchase and renovate real estate that could be used for program facilities or sold at market rates. These three agencies might be able to assist other organizations that are interested in improving their practices in this area.

Board of Directors

The boards of most of the BEST agencies are composed of knowledgeable individuals who are very supportive of and helpful to their organizations. But several agencies had particularly impressive boards in terms of size, structure and roles. Women's Recovery Association has a relatively large, active and involved board that includes a very active and involved Executive Committee, a committee structure that incorporates staff members, and an expectation of board member involvement in fund-raising activities. Also, the board leads a strategic planning process for the agency every five years and the board committee structure is used to successfully implement this plan. Service League also has a relatively large, active and involved board that includes an active and involved executive committee and a productive committee structure. These two agencies might be able to assist other organizations that are interested developing their boards along these lines.

Financial and Work Flow Management

BEST agencies vary in the way they manage their finances and work flow. For example, in terms of finances, most agencies pool money from different funding streams, and all staff members receive a set salary. But, in at least one agency, money from different funding streams is highly separated and many staff members (i.e., hourly staff and salaried staff who elect to work additional hours) are paid at different rates for clinical and administrative work. In terms of work flow, for example, several agencies use designated intake staff to conduct initial client assessments, whereas others do not. Some agencies seemed to be unaware of alternative models of managing their finances and work flow, and others believed that different approaches could not be used successfully. We believe that the BEST agencies would benefit from sharing information about the possibilities of using different approaches to managing their finances and work flow.

County Group-Purchasing Program

There is a county group-purchasing program that several agencies use for purchasing supplies. Several agencies did not know about the program, and others indicated that they found it to be inefficient and/or ineffective. For example, they viewed cost savings as insufficient given that the program is complicated and time consuming to access. However, some agencies indicated that they use the program successfully. All BEST agencies might benefit from being made aware of the program, discussing their experiences with it, and potentially working with the county to make it a more effective program.

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