



VTEP:

Vermont Treatment Enhancement Program

A Principled-Practice Approach to Service Enhancement and Expansion

The Vermont Treatment Enhancement Program (VTEP) is a supported and sponsored opportunity for integrated substance abuse and mental health treatment providers to identify practice areas for innovation, enhancement, expansion, and quality improvement. A select group of *preferred-provider* organizations, agencies, and programs have the opportunity to engage in a *principled practice* improvement model that includes:

- clarifying vision and mission, and establishing principles based on these foundational underpinnings;
- multidimensional organizational/program assessment, integrating multiple perspectives;
- application of the Integrative & Compensatory Model for Change[®]
- assessment and alignment of community preparation for change, including the Readiness for Change SHORT Screener[®]
- Locus of Control enhancement with Leadership Culture and Individualized Supervision and Support Planning (ISSP)[®]

Principles & Practices

VTEP is identified as a **Principles and Practices** approach to organizational development, expansion, and enhancement. Principles and Practices approaches have grown from results-based accountability modeling, recognizing that client and patient driven outcomes – including perceptions of their care experience – are an essential metric for evaluating success and effectiveness. This differs from many *Policy & Procedures* approaches, which are often rooted in routine, compliance, uniformity, and risk-avoidance as drivers for service development.

Principles and Practices modeling suggests that core principles – based in vision, mission, and multiple perspectives – should be well-vetted and rigorously crafted. While remaining responsive to social, cultural, and relational considerations, once established, these principles should not waver based on political, economic, or situational priorities. Rather, with venerable principles established, practices (tools, methods, models, procedures), should adapt *as needed* to best suit the work. Practices can be applied, tailored, tabled, revised, discarded, modified, expanded – all aligned with well-established principles, and all in the interests of enhancing outcomes for those being served. This allows for innovation within an integrative and complementary frame of understanding, for intentional practice, and for maintaining accurate self-awareness as informed by multiple perspectives.

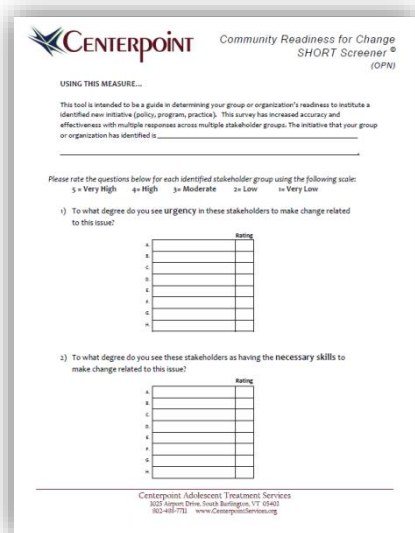
VTEP Modeling for Preferred Providers

With a Principles and Practices approach, and drawing from a number of tools, models, methods, and procedures, participating organizations engage in a multistep process that begins with an identification of Change Leaders (including Innovators and Change Ambassadors).

Change Leaders Orientation includes an introduction to these practices and an initial exploration of the site, using appreciative inquiry and/or reflecting team methods with the **7 Choices for Systems Change[®]** framework. This process also includes the identification of **stakeholders**: those who have a vested interest in change, those who have a vested interest in stasis, those who have influence, and those who will be impacted.



Community Orientation invites stakeholders and others to learn of the change initiative and plans along with an introduction to the ICMC models and readiness for change preparation, including the **Readiness for Change Short Screener[®]**.



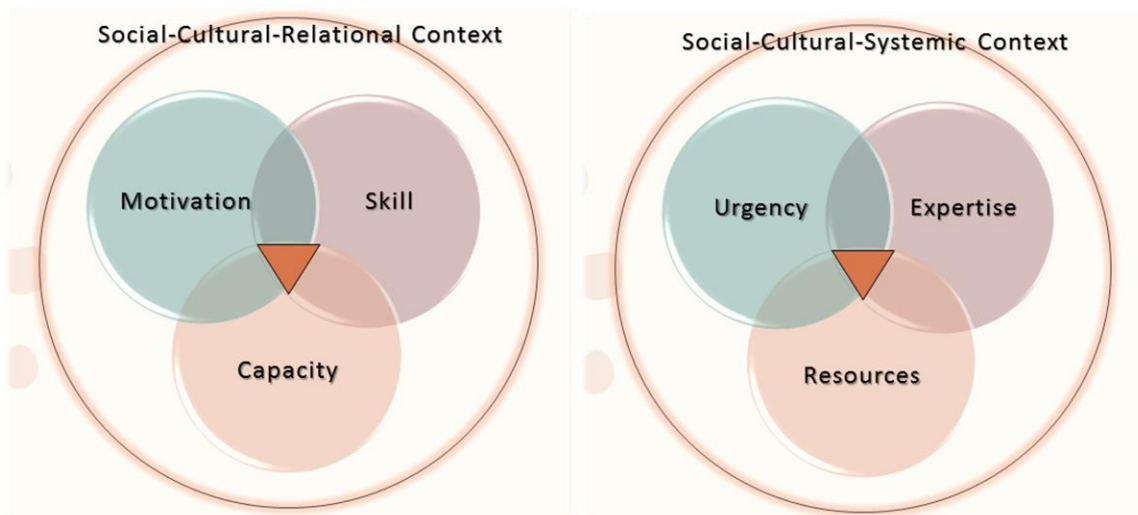
With a multidimensional self-assessment (including readiness for change screening and alignment), the Change Leaders move through the 7 Choices scaffolding and facilitation to establish project **goals and objectives**. Program improvement mechanisms are established within a Change Plan, including: methods/strategies; timeline development; responsibilities & accountabilities; identification of indicators and benchmarks.

A participatory-action format of the **NIATx** systems review cycle is also established, adapted for collaborative participation as Plan ► Act ► Review ► Revise. Recognizing that small changes can have great impact, this ongoing and cyclical review process supports change sustainability and a culture of continuous innovation, creativity, and responsiveness.

A Developmentally Matched Model of Consultation

Applying the Integrative and Compensatory Model for Change (ICMC), Centerpoint’s consultation services are provided based on the organizational assessment of readiness for change. (Please see attached: **An Integrative and Compensatory Model for Change: Principles and Practices**). Through readiness-matching to the domains of *urgency* (compelling need), developing *expertise* (knowledge, skills, methods), and allocation and availability of *resources* (time, personnel, financial, situational, and

environmental), counsel, coaching, and technical support is available through differentiated platforms including individualized and group-based site-specific support and cohort working sessions (based on the Seven Challenges Frame and as initially demonstrated through VYTEP).



An Incentivized Program

Participating sites also benefit from financial incentive – in recognition of the fiscal impact that initiating change and establishing innovative practice can place on treatment organizations. With support from the Division of Alcohol & Drug Abuse Programs at the Vermont Department of Health, participant organizations receive incentive payments based on achievement benchmarks that are *self-identified* and established within each site’s individualized change plan. This innovative incentives approach is consistent with Leadership Culture/ISSP and is parallel in best-practice to the proficiency-based learning models.

Project Principals

Principals from Centerpoint’s Consultation (CTTA) play the lead counsel, coaching, and technical assistance roles with the Vermont Treatment Enhancement Program.

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