



Fall River, Massachusetts

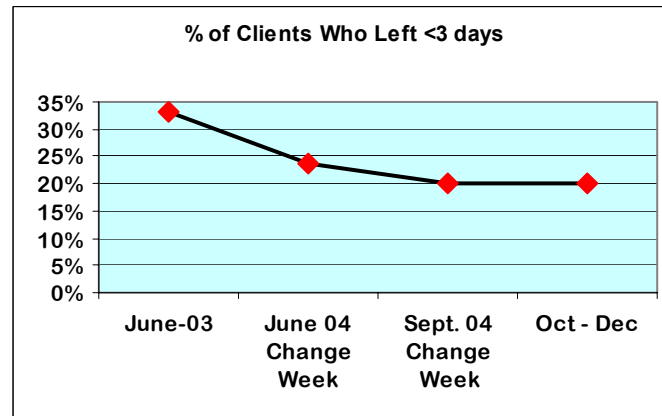
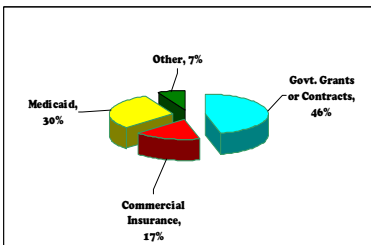
AIM: Increase Retention.

GOAL: Reduce the % of clients who leave in less than 3 days.

SSTAR is a private non-profit multi-service agency offering inpatient and outpatient addiction treatment, HIV/AIDS services, primary care at our Community Health Care Center and domestic violence services.

Through our Rhode Island affiliate, SSTAR or RI, we offer detox, outpatient counseling, and operate a residence for pregnant addicted women and their children.

Annual Budget: \$15 million
Funding Sources:



INTERVENTION:

Counselor meets with client upon arrival in waiting room instead of next day.

For one week in June we had the counseling coordinator monitor arrivals of clients to the downstairs waiting room and then find one of the detox counselors on duty who could be pulled away from the floor to go downstairs and greet the new client. When we looked at the data we saw that the retention rate improved. We then brainstormed ways to institutionalize the change.

In September we tried a new counselor staffing pattern that allowed for an “admission counselor”. We assigned one of the detox counselors to function as an admission counselor. We created an admission counselor office near the waiting room downstairs in the Detox building. Now, in addition to “greeting” the client in the waiting room, the counselor brings the person in to the new admission counselor office and completes the counseling intake. This intake function previously had been done by the assigned counselor on the Detox unit, the day after admission. This took some of the workload off of the assigned detox counselor so achieved “buy in” from the counseling staff who now would have a bigger caseload due to the reassignment of one of their colleagues to the new admission role. We evaluated the first week of this new staffing pattern and found the “early discharge” rate fell even lower, to 20%. We decided to continue this revised staffing pattern. This improvement was sustained during the subsequent quarter.

FUTURE PLANS:

- Increase admissions on Dual Diagnosis Detox
- Reduce wait for outpatient counseling
- Reduce no-shows on inpatient and in outpatient
- Increase outpatient admissions for primary care referred clients.

