Early Retention:
2 Days / 7 Days / Step-Down

Global Retention:

From first request for service and throughout the Continuum of Care

Fayette Companies, Peoria, IL

WHO WE ARE

Fayette Companies provides behavioral health care for mental illness and addiction disease in an effort to "engage people in a life of recovery and help them live their lives well." Its goal is to use evidence based treatments in an integrated approach to recovery management.

THE CHANGE TARGET

One of Fayette's programs is White Oaks New Leaf for Women. It is a 32 bed residential program for adult women with addiction disease. New Leaf provides 16 beds for pregnant and postpartum women with their infants. Accepts referrals from Count Drug Treatment Court, Federal Probation, Illinois Department of Child Protection, TANF, and the general public. In the 2 months just past, there were 86 unduplicated admissions of which about 50% are under 30 years of age. 26% were African American. The primary diagnoses were 23% Alcohol, 54% Cocaine, and 23% other drugs. 9 were pregnant and 4 postpartum.

The continuum of care includes a step down to Intensive Outpatient Treatment and then Level I counseling. Recovery Coaching is now an option for local women who have completed the residential piece and remains available after Level I and professional services are concluded. Access to this continuous and integrated system, as well as global retention through out and into recovery living is the aim of our process changes.

Fayette Access Change Team

Fayette Global Change Team

WHAT WE DID

Changes We Made

- Enhanced peer support at admission and revision of role of “peer sponsor”
- Addition of day time clinical support position to provide orientation and rapid room assignment
- Support staff combined clients luggage search with helping client “put away her things”
- Provision of client choice: may spend time with staff or a peer, may attend groups with peer or be allowed some time to rest alone
- Allow first night call to family
- Total elimination of “blackout” week for phone calls and visitors
- Provision of a welcome package of stationary, envelopes and stamps
- Recovery Vouchers / One a day for seven days redeemable for a gift certificate (a contingency management approach)
- Verbal praise from all program staff for any positive behaviors (A return to confrontation)
- Moratorium on Friday admits (47% of those leaving in the first seven days were admitted on a Friday)
- MI intervention for those thinking about leaving (for clinicians and another for support staff)
- Supportive return visit to New Leaf and to newly admitted individuals by Crossroads staff
- Expanded our target to first seven days
- Brainstormed with all clinical and support of the treatment program as well as central intake to produce ownership by entire staff
- Enlarged our change team to include intake personnel, as well as the manager – receptionist, intake clinician, and outreach worker
- Change Team prioritized staff suggestions

PDSA's

Consumer Focus Groups, Admission Walk-through and staff consultation helped us plan the following cycles of change. Most are still being studied. Some are already altered. Results are being analyzed:

1. "Start Now" Group – daily group for women awaiting treatment.
2. "Start Now" Group COUNTS. Change waiting group to level I. Advise child protection, Criminal justice that client is in treatment.
3. Cell Phone with voice mail as a contact number for women in IOP all day – can get their messages.
4. Offering early assessment: "Are you ready to come to treatment?" If "yes," then assessment offered within 24 hours.
5. Increase availability of detox beds for women – 2 bed room "saved" for female needs for medical detox.
6. "Graduation" acknowledgement gift contingent on completion of CONTINUING CARE *not* day treatment.
7. Articulation of Phases in residential treatment to serve as Benchmarks of Progress versus focus on length of stay. Leaves, & prize drawings (Contingency Management).
8. Creation of Recovery Coaches
9. Creation of Criteria for offering Recovery Coaches.
10. Changing of Criteria for offering Recovery Coaches.

EXAMPLE OF ONE CHANGE

Friday Admission Moratorium

AMA Discharge by Admit Day of the Week			
4/7/2003 – 10/31/2003			
	Total Admits	**Left <7 Days**	**Percent**
Sunday	0	0	0%
Monday	26	1	7%
Tuesday	22	2	14%
Wednesday	32	1	7%
Thursday	28	4	29%
Friday	26	6	43%
Saturday	0	0	0%

Since the greatest number of AMA discharges occurred with clients admitted on Fridays, we took staff advice and placed a moratorium on Friday admissions. We risked losing bed-days and revenue. The results were dramatic. We increased earning by $166,000 and bed-days by 1,055 comparing calendar year 2002 to 2003.

The Aim was Achieved			
AMA DISCHARGES			
Baseline	Total Admits	AMA <7 Days	Percent
4/1/02 – 3/31/2003	266	32	12%
1/1/04 – 3/31/04	79	7	9%
September 2004	20	1	5%

Sustaining the Gains

We ended the first change process that had the AIM of retaining women for the first seven days of residential treatment. We dissolved the Change Team but appointed one member to be the “Sustainer”. We also decided to continue to track the principal outcome of the AIM on the staff bulletin board each month. Consumer surveys will continue to re-ask the same key questions about early retention and the results will be monitored by the “Sustainer” who will report to the Change Team leader and the Executive Sponsor. We still track the data.

TWO NEW AIMS HAVE BEEN CHOSEN

How?

We used the techniques of a "Walk Through," Consumer Focus group and staff brainstorming to make the decision to choose access and what we call GLOBAL RETENTION.

ACCESS

Data for the period 5/1/2003 to 4/30/2004 revealed that the central intake for women received 1,112 initial requests for service. These resulted in 893 assessments but only 484 treatment admissions. Thus, only 54% of those receiving an assessment received a treatment service.

We initiated three changes to address problems revealed in the initial and most recent walk through exercises. First, we implemented a **"Start Now" group for women** awaiting placement in a residential facility and for persons awaiting an initial assessment. There was a subsequent increase in the waiting list for residential treatment. A longer wait results in an increased probability of losing women to treatment. **Thus, we initiated a daily outpatient group at the central intake location**. This group was offered to all women on the waiting list and **also offered to women calling for an assessment appointment**. The latter group was told that they would receive a **faster assessment if they came to the group**. To **encourage attendance**, a contingency management approach developed by Nancy Petry, Ph.D. was utilized that gave participants **a daily opportunity to draw for prizes**. This has been highly valued by participants and has encouraged attendance.

	Total # of Admits	Avg. Days IRS to Assessment	Avg. Days Assessment to Admission	Avg. Days IRS to Admission
New Leaf Lodge and Retreat Admissions 10/1/03 through 3/31/04	143	12.93	22.30	35.23
Start Now Participants 5/3/04 through 6/25/04 admitted to New Leaf	8	4.25	10.25	14.50

GLOBAL RETENTION

The second aim will be global retention in treatment. While our initial aim focused on retention in a residential treatment program for the first week, this initiative will be aimed at retention through the continuum of care. Research has consistently found a strong relationship between the length of time in treatment and positive outcomes. A review of the most recent 12 months of data on women served in our New Leaf women's residential treatment facility indicated that only 66% of the women who successfully completed residential treatment participated in any outpatient care and of that group, only 34% made the transition to level 1 continuing care. These data are far worse for those who did not successfully complete treatment with only 18% receiving any care in the 30 days following discharge from residential treatment. The table below displays this information.

Residential Admissions N=108	Participation in Outpatient?	Participation in Level I Outpatient
Residential Completed 43 (40%)	Yes – 29 (67%)	Yes – 10 (34%)
		No – 19 (66%)
	No – 14 (33%)	N/A
		N/A
Residential Incomplete 65 (60%)	Yes – 12 (18%)	Yes – 4 (33%)
		No – 8 (67%)
	No – 53 (82%)	N/A
		N/A

COACHES

To accomplish this, we have authorization to use existing State funding to hire two Recovery Coaches. The Recovery Coaches will initially work with women in residential treatment to develop "Personal Recovery Plans" (PRPs) that will replace professionally developed treatment plans. The coaches will then transition with the clients from residential treatment to community continuing care and become their coach/mentor in implementing or modifying the person's own plan. Thus, the coaches will provide ongoing support and monitoring.

The Coach is not a treatment person, not a sponsor, not a case-manager – but she/he may do some or all of the above. They are hired and supervised by the provider but are a parallel system of recovery support.

Recovery Coach Vicky Anderson

Recovery Coach Arlene Roberts

The coaches are in the community helping the recovering person generate and implement their personal recovery plan. Their work is driven not by a professional treatment strategy but by the clients own plans.