



Bridge House

Increased Continuation

Bridge House of New Orleans, LA implemented a number of changes to increase continuation in residential treatment through the fourth week. Between October of 2003 and May of 2004, Bridge House was able to raise the percentage of persons staying in residential treatment from 45% to 75% by adding measures to assess risk of leaving, use of motivational enhancement therapy, stressing the peer mentor role and revising staff schedules.

Aim – Increase the percentage of individuals staying in residential treatment each week through week four.

Paths – Therapeutic Engagement, Social Supports, Scheduling

Key Words

Continuation, change team, walk-through exercise, aim, early engagement, MET, PDSA cycles



Derek's Story

Staff at Bridge House described Derek as a “tough case.” With a long history of drug use and dealing, his life revolved around the drug scene for several years. Derek could not get serious about treatment and wound up at Bridge House only on occasions when he was desperate for a place to crash or when he got in trouble with the law.

Despite Derek's aspirations to get out from under his difficult life and drug habit, he just could not stick residential treatment for more than a week or two. Too often he ended up back on the street and back to his usual routine of using and dealing. The staff at Bridge House were almost accustomed to the pattern. They wanted to help Derek remain in treatment and change his life, but the agency treatment process and residential service model just were not doing the trick.

First Steps

Bridge House knew that their residential [continuation](#) rate was a problem and as part of the Network for the Improvement of Addiction Treatment (NIATx), decided to do something about it. In October of 2003, the agency formed a [change team](#) to facilitate their improvement efforts and reviewed the data to get a baseline of the continuation data. Then, in order to better understand the process from the consumer perspective, a staff member posed as a prospective consumer of residential services in the [walk-through](#) exercise. Following this, Bridge House continued their information gathering efforts with a consumer focus group. The goal was to discover how people in treatment felt about Bridge House's services and to find out their ideas for improving continuation. Alongside these activities, NIATx facilitated connections with other agencies facing similar issues that allowed Bridge House to share and learn about different change ideas for increasing treatment continuation rates.

The Pre-Change Numbers and the Continuation Aim

In October of 2003, prior to implementing changes, the baseline continuation figures for residential treatment were:

- Week 1 – 83%
- Week 2 – 58%
- Week 3 – 53%
- Week 4 – 45%


After reviewing the residential continuation figures, the change team set an [aim](#) to:




Increase Continuation Rates in Residential Treatment for Each of the First Four Weeks of Treatment.

Gathering Information

Bridge House used a combination of methods to collect information about factors contributing to the percentage of people leaving residential treatment prior to completing the goals set in their treatment plan. The initial walk-through exercise revealed that Bridge House struggled with getting people through the door in a timely manner for an initial assessment. In addition, the staff member acting as a prospective consumer experienced being transferred from person to person during initial calls to get information and set up an assessment appointment. These factors could have indicated a lack of commitment on the part of the agency to respond quickly and effectively to peoples' needs and therefore were considered potential reasons for some people leaving treatment early.

Staff who conducted the walk-through exercise also felt “isplay” during times when they waited for their screening appointment and completed initial paperwork. This type of discomfort may have contributed to people feeling less than fully respected, thus opening the door for their commitment to treatment to waver.

In addition, Bridge House reviewed the steps leading up to residential treatment, including the paperwork involved along the way. Language in the paperwork indicated that committing to residential treatment meant spending a total of one year in treatment between residential and outpatient programs. Statements reflecting this year-long expected commitment were thought to potentially deter people from a focus on recovery because the length of commitment time may have been overwhelming to many seeking treatment.

Bridge House also went ight to the source to find out what current and previous consumers of addiction treatment thought about the services provided there. People indicated that the reputation of Bridge House was that of a place for short-term stays and almost as emergency housing when things were really tough. This information contributed significantly to the change team's decision to set the continuation aim.

Taking Action

During November 2003, the change team began to take steps to change business as usual at the agency. Based on the information from the walk-through exercise, Bridge House became committed to [early engagement](#) of those seeking addiction treatment. One counselor's assignment was to talk with prospective consumers and conduct intake appointments. Bridge House hired a greeter to welcome new consumers and take them to a more private area for the completion of paperwork.



The staff began conducting assessments even if no residential beds were available and offered those waiting for residential treatment the option of entering the outpatient program until a bed became available. This option gave people a treatment setting from 8:30 am through dinner during that interim period. Since everyone involved with residential treatment at Bridge House is required to complete assigned work tasks, people waiting for a bed start to adjust to the work routine early on.

Bridge House also made other changes based on the walk-through observations. In an effort to avoid overwhelming those seeking treatment, the agency removed the language of a one-year commitment to treatment from the paperwork. Additionally, focus groups were conducted among people in treatment to gather additional input about factors that would contribute to their decisions to stay or leave.

The team took on the project of reviewing guidelines for [Motivational Enhancement Therapy](#) (MET) and made decisions about how to implement them. Once the change team had developed the outline for using MET at the organization, they conducted an in-service for counselors and implemented the use of MET. Subsequently, counselors received a one-page laminated MET guideline sheet to emphasize the importance of consistent implementation.

In order to insure that the focus on continuation did not get lost in the hectic pace of operations, Bridge House initiated continuation staffings so that counselors had a regular opportunity to discuss anyone at risk of leaving. As a result, counselors and other personnel could work as a team to intervene with increased use of MET and the [Plan-Do-Study-Act \(PDSA\) cycle](#) as reminders of the importance of remaining in treatment. Bridge House began using a peer mentor system by pairing up a new person with someone who was making good progress further along in the treatment program.

Additionally, Bridge House implemented concrete steps for both counselors and consumers to keep the focus on staying in treatment and to assist people to get the most out of their time there. Consumers began completing a daily participation log, similar to journaling their experiences. Counselors also began asking consumers a set of four questions weekly to determine if they were at risk of leaving and how they were feeling about their treatment experience. This weekly “check-in” sheet consists of the following questions:

On a scale of 1-10, how willing are you to continue your treatment here?

On a scale of 1-10, how important is it for you to stay in treatment?

On a scale of 1-10, how motivated are you to stay?

On a scale of 1-10, how strong has your urge to use been this past week?

There is also a space for additional comments on the weekly check-in form.



Bridge House also designed a form for counselors to commit to assisting a particular consumer. The form is titled, “Client Continuation Worksheet,” and it follows the cycle of Plan-Do-Study-Act (PDSA). Using this process, the staff member plans an action, sets a timeline, completes the action, waits one week, and then assesses the need for further or different action.

The last measure taken in the effort to increase continuation rates in residential treatment was a change in counselor schedules to afford them more one-to-one time with people on their caseloads. Prior to the change, the counselor schedule was set at 12 noon until 8 p.m. Monday through Friday. Since people in treatment are required to work, the time for counselors to have one-to-one discussion with consumers on their caseload was limited to the time between dinner and 8:00 p.m. In April of 2004 the change team implemented the new schedule of 2:00 to 10:00 p.m. Monday through Thursday and then 12:00 to 8:00 p.m. on Fridays. Consumers were happy about the schedule change and staff understood the value of the additional time to talk privately with their clients.

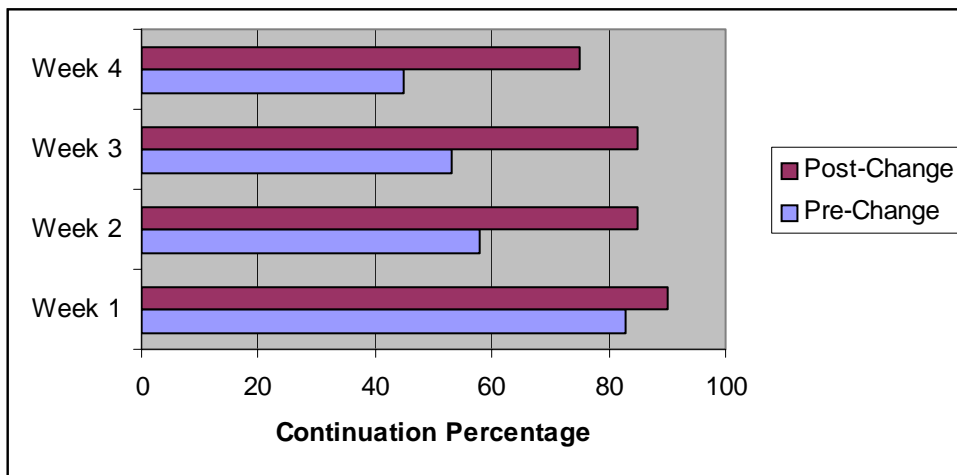
Results of Change Efforts

As this series of changes unfolded at Bridge House, the change team continued to collect and analyze the data on residential continuation rates. Residential continuation rates increased almost every month between the time of setting the aim and implementing initial changes. By May of 2004, the rates had increased significantly to the following:

- Week 1 – 90%
- Week 2 – 85%
- Week 3 – 85%
- Week 4 – 75%

These figures signify clear improvement over the residential continuation rates from October of 2003.

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Reduce Waiting & No-Shows • Increase Admissions & Continuation



The story of Derek is based on a real person who sought treatment at Bridge House. Luckily for Derek, he came back for treatment after Bridge House had implemented the changes, at which time staff had new tools and new ideas to assist him. At the point when he was considering dropping out of treatment again, staff identified the risk, gave him extra attention and praise, and kept him there. Derek went on to obtain a job in the community and get his life back on track.

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