

Women's Recovery Association

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womensrecovery.org



The Women's Recovery Association is a thirty-five year old organization in Northern California that provides residential and outpatient treatment at six sites to women, women and their children, and adolescent girls affected by substance abuse and its effects. WRA treats the whole woman and girl with a holistic approach and values the need for gender-specific treatment services.

PEER MENTORSHIP: IMPROVING RELATIONSHIPS, IMPROVING CONTINUATION

Change Leader: Susie Finch, (for this Change Project); for more information, contact Anne Bolla, ABolla@womensrecovery.org

Team Members: S. Finch, J. Reid, H. Clarke, L. Johnson-Reitz, and R. Nunes

Location: 1450 Chapin Avenue clinic

Level of Care: Intensive outpatient (IOP)

Population: All IOP Day and IOP Evening clients

Aim Addressed: Increase continuation

Start Date: November 1, 2004

Project Status: Sustained as of February 1, 2005

GOALS AND MEASURES

With this Change Project, we wanted to increase continuation in IOP Day, IOP Evening, and residential treatment programs by 10% using a peer mentorship program. Simultaneously, we also hoped to reduce the amount of staff time involved in orienting clients to the WRA program. We assessed our progress toward this goal with the following measures:

- Percent of clients who begin IOP Day program who attend 4 visits in 8 days
- Percent of clients who begin IOP Evening program who attend 3 visits in 8 days (Only 3 sessions are offered to IOP Evening clients in 8 days)
- Percent of residential clients who remain in treatment

We developed the early engagement peer mentorship project after surveying all residential and outpatient clients in a group process facilitated by a WRA counselor. WRA staff also surveyed clients discharged by phone to determine why they left treatment or how we could improve the early engagement process. We asked the clients what would have helped them the most to feel welcomed and more engaged when they entered a WRA program. Clients consistently reported that they had difficulty connecting to services and wanted a "helper" who could guide them through the entry process and help them understand the program.

The Process Improvement group brainstormed this issue and looked at how it was addressed in residential treatment, where retention was higher. The change that was made was an improvement to the existing "buddy system" policy initiated when a client enters residential treatment at WRA. Based on the project's success in residential treatment, we hoped to emulate

that success in the IOP to improve retention and continuation. Staff felt the enhancement would also benefit residential clients, by assigning them a peer mentor for a longer period of time and subsequently giving them the opportunity to become a peer mentor.

CHANGES IMPLEMENTED

The peer mentorship program involves assigning a more senior peer to all new clients entering the Residential and IOP programs. The experienced buddy orients the client to WRA by explaining what to expect, introducing them to others, showing them where to go, and offering to help them go through their orientation packet. A “Buddy Letter” and “Mentee Information Sheet” were designed to facilitate the process and provide the same information to everyone. The “Mentee Information Sheet” also provides a way of gathering personal information to begin making a connection, with the mentor offering two things about herself to build rapport with the new client.

We implemented a formal Peer Mentorship project and tracked its impact in residential and outpatient treatments at the same time. We encountered an immediate problem in the IOP programs because there were not enough “senior” clients who qualified to be peers. This problem was solved in the IOP Day program by assigning them peers from the residential program.

IMPACT AND LESSONS LEARNED

The project immediately began to show improvement in engagement and therefore improved continuation rates in residential and outpatient services. Peer Mentorship was very successful in the residential program but more difficult to sustain in outpatient programs due to the nature of outpatient treatment. Clients in outpatient treatment tended to arrive right at the start of group and leave immediately after, especially in the Evening Outpatient program, hence there is less opportunity for bonding and connecting. Overall, the Peer Mentorship project created a greater connectedness to the WRA program for the residential and outpatient clients and improved continuation rates.

- IOP Day clients who had 4 sessions within 8 days increased from a baseline of 33% (August 2004 through October 2004) and has been sustained at 100% (February 2005 through November 2005)
- IOP Evening clients who had 3 sessions within 8 days increased from a baseline of 56% (August 2004 through October 2004) and has been sustained at 78.1% (February 2005 through November 2005)

This project taught us that the most successful and sustainable changes benefit both clients and staff. In this case, clients benefited because they were engaged in treatment earlier in the episode. Staff benefited and were therefore motivated to sustain the change, because the peer mentors took on the job of introducing new clients to the community, making them feel at home and clarifying and reinforcing program expectations.

