



Vanguard Services Unlimited

Residential Retention Team Celebrates Success

May 2006

This case study describes the process used by the Phoenix Program, one of Vanguard's 11 programs, to improve continuation in residential treatment. By using rapid cycle testing, the team identified effective ways to increase retention, specifically in the first two weeks of treatment. By decreasing the number of unplanned discharges that occurred within the first 14 days of treatment from 11% of monthly admissions to 6%, the Phoenix Change Team has made a significant contribution to the organization's financial viability.

Aim: Increase continuation in residential treatment

Paths: Admissions, orientation, engagement

Key words: Aim, admissions, Change Team, continuation



Introduction

For more than 40 years Vanguard Services Unlimited has offered substance abuse treatment in the Washington, DC metropolitan area. Vanguard is a non-profit, community-based organization that provides high quality treatment to individuals and their families who are suffering from the effects of substance abuse. Vanguard seeks to help its clients become healthy, productive, and self-sufficient citizens.

Originally started in a church basement in 1962 by seven caring community volunteers, Vanguard now has a professional staff of more than 150 employees. The 11 programs provide services for men, women, adolescent boys and girls, mothers with children, and the Hispanic population.

Background

Located in Arlington, VA, the Phoenix Program is a primary residential treatment program for chemically addicted men and women. Staff emphasize accountability and responsibility and teach program participants skills for living a successful, substance-free life.

For fiscal year 2005 Phoenix had 253 admissions. Though the program's completion rate of 78% was higher than the national average, the Change Team knew they could improve. The Phoenix Change Team met for the first time on September 28, 2005. The Team, led by Change Leader and Chief Operations Officer Kevin Doyle, included the Program Director, the Residential Manager, the Clinical Supervisor, the Residential Manager for Spanish speakers, the Admission Manager, and the Project Associate. This was the fourth Change Team undertaken at Vanguard since it became a NIATx member site.

The Team used the Nominal Group Technique (NGT) to come to consensus on why clients left treatment early. The top reasons seemed to strike a common theme: the Change Team noted that clients who left early did not know what to expect in treatment and felt intimidated, overwhelmed, and confused by the process and the new environment. The Team concluded that the clients' impressions of the first weeks of treatment helped determine their continuation in treatment.

Following their coach's advice, the Phoenix Change Team analyzed the data and discovered that for the three months before the implementation of the Change Team, 11% of admissions became unplanned discharges within the first two weeks of treatment. The Change Team set as its goal to reduce the number of clients who left treatment within the first 14 days of treatment.

The "Welcoming Committee" Change Project

The Phoenix Change Team decided that, if the Phoenix Program worked to make clients more comfortable during their entry into treatment, overall continuation would improve.



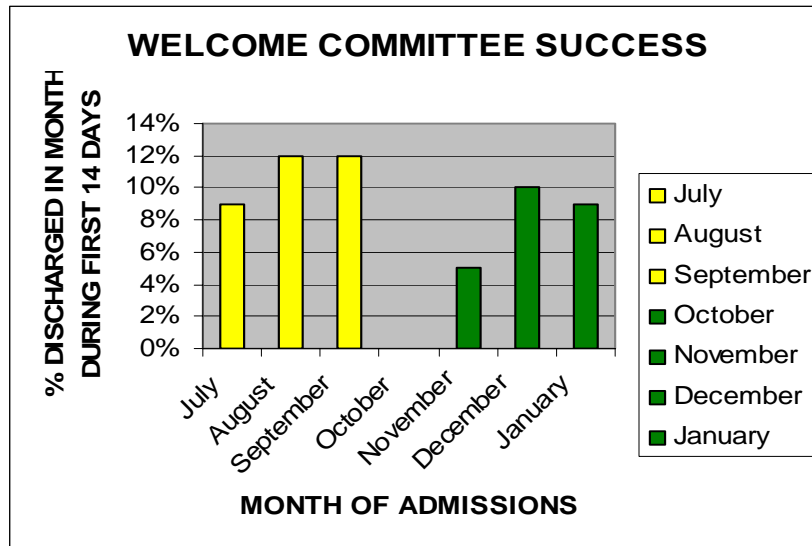
To do so, the Change Team chose to implement a “Welcoming Committee.” The “Welcoming Committee” was structured as follows:

- The Residential Manager chose a three-member client team diversified by gender, ethnicity, and payor status to serve as a “Welcoming Committee” for two weeks. (The Program Manager served as the back up in case a new client was admitted and the Residential Manager was not in the facility.)
- The Welcoming Committee, not the staff, made a presentation of the AA/NA book to help the new clients feel more connected with other clients, and view them as a resource.
- The Welcoming Committee received special recognition, making participation in the committee an honor for all clients to aspire to.
- New clients had dinner with the Welcoming Committee. To make the dinner experience a special occasion, the staff purchased table clothes and put a flower arrangement on the table with a big “Welcome” sign.
- A colorful poster welcoming new clients was hung near the dining room with their names posted underneath.

Progress of the Welcoming Committee

During the months following the implementation of the Welcoming Committee, the members of the team, who rotated every two weeks, continued to be enthusiastic.

In December 2005, Reggie Williams, the Residential Manager, reported that the Welcoming Committee was well received and the Program Director John Bulach confirmed that the approach was also clinically appropriate for the client population. The Change Leader reminded Change Team members that, according to the Plan-Do-Study-Act model, they needed to decide if the Welcoming Committee should be revised or permanently adopted. The Team unanimously agreed to adopt the Welcoming Committee as part of the Standard Operating Procedures for orienting clients during the first two weeks.



Sustaining the change

Reggie Williams was chosen to be the Sustain Leader. He is responsible to see that the Welcoming Committee continues rotate its members every two weeks and that the Committee continues to be effective in helping new clients adjust to the treatment environment. Recently he was concerned that the Committee seemed confused as to its purpose and responsibilities. During a quick brainstorming session, the Change Team decided to prepare a standard guide explaining the purpose of the Welcoming Committee and offering helpful suggestions for encouraging new clients. The Change Team made three copies of the guide, and gave a copy to each member of the Welcoming Committee.

Increasing retention, improving the business case

A 5% increase in the number of clients who complete the first fourteen days of treatment has a significant financial impact. For clients who make it through the first 14 days of treatment, the average length of stay is 45 days. The agency is reimbursed an average of \$200 per client per day (based on public and private reimbursement rates); by ensuring clients stay in treatment for the first 14 days, the agency effectively extends their stay to 45 days. For each of these clients kept in treatment for the first two weeks, the agency can expect a revenue increase of \$9,000 (\$200 X 45 days).