



## ***Fayette Companies*** ***Increased Residential Continuation***

***March, 2005***

This case study describes the changes made at Fayette Companies of Peoria, IL between March of 2003 and March of 2004 to increase the rate of continuation in their 32-bed residential setting for adult women with addictions. Fayette Companies' administrators and key staff chose to target the first two days of stay, and then the first seven days of stay, to accomplish this aim. Change strategies included: revisions to the admissions process; changes in staff schedules; increased peer support; and the empowerment of clients and their families.

**Aims** - Reduction in the number of “against medical advice” (AMA) discharges in the first two days after admission, and subsequently in the first seven days after admission ([Increase continuation](#))

**Paths** - [Intake](#), [Scheduling](#), [Social Support](#), [Outreach](#)

### **Key Words**

[Walk-through exercise](#), [change team](#), [executive champion](#), [change leader](#),  
focus group, survey, motivational interviewing



## Network for the Improvement of Addiction Treatment <http://www.NIATx.net>

*Reduce Waiting & No-Shows • Increase Admissions & Continuation*



### **Sonya's Story**

Sonya walked into the office building unsure of what to expect at an intake appointment. At 22, she had been using alcohol and marijuana for seven years, but had never sought treatment before. Most of Sonya's friends used alcohol and marijuana on a daily basis, too. It had simply become a way of life. Then, when Sonya was suspended from her factory job for failing a random drug test, she had to face her addictions. Also three months pregnant, Sonya would soon have someone else in the world to support. She couldn't afford to get fired. The only way to keep her job and remain in good standing with her employer was to successfully complete residential treatment. Sonya was determined to work hard to stop her drug and alcohol abuse.

On the day of admission to treatment, however, Sonya realized that recovery – and the stay in residential treatment – would not be easy. Staff at the treatment agency kept moving Sonya from offices to hallways to waiting areas. No one told her what was happening or what to expect. She felt like she was being "processed" rather than beginning her journey into recovery. Sonya felt anxious, scared and alone, but no one seemed to notice or care. The first night in treatment, Sonya still didn't have clear information about what treatment would be like, and she still didn't feel like anyone cared that she was there. She wanted to call her parents, but the staff member on duty said she was not allowed to make calls. Less than 24 hours after admission, Sonya decided to leave treatment; she hasn't been back since.

### **Background Information**

Unfortunately, Sonya's experience is more common than it should be for people entering addiction treatment. Organizations in the Network for the Improvement of Addiction Treatment (NIATx) are working to provide a more positive experience in addiction treatment, and increase rates of retention in such treatment.

In fall 2002, Fayette Companies chose to join NIATx and take a different approach to the provision of addiction treatment. At that time, Fayette knew there were a high number of discharges against medical advice (AMA) from its women's residential program, especially early in treatment. The organization decided to gather information about the causes, and then make changes to decrease the number of women choosing to leave early in the treatment process.

Fayette Companies provides behavioral health care for mental illness and addictions in an effort to "engage people in a life of recovery and help them live their lives well," says Tom Murphy, Change Leader. Fayette's goal is to use evidence-based treatments in an integrated approach to recovery management. One of Fayette's programs is White Oaks New Leaf for Women, a 32-bed residential program for adult women with addictions. New Leaf provides 16 beds for both pregnant women, and postpartum women with their infants. New Leaf accepts referrals from county drug treatment court, federal probation, Illinois Department of Child Protection, and the general public. In a recent two-month period, there were eighty-six unduplicated admissions; of those, approximately 50% were under



30 years of age, and 26% were African-American. The primary diagnoses were: 23% alcohol addiction; 54% cocaine addiction; and 23% other substance addiction. Nine of the women were pregnant and four were postpartum.

## **First Steps Toward Change**

Fayette conducted a [walk-through exercise](#), to gather information and understand the New Leaf admissions process from the client's perspective. During the walk-through, a staff member from a different Fayette program posed as a woman seeking admission to New Leaf. The description of the experience was telling. The staff member characterized her first day in the program as provoking feelings of fear, anxiety and loneliness. She spent long periods sitting in a hallway with nothing to do, waiting for someone to conduct the nursing assessment or other processes. There were lots of busy people around, but she did not know who they were or what they were doing. She felt as if she were being "processed into jail."

With this new perspective, Fayette formed a [change team](#) to begin planning changes. Assembling a change team<sup>1</sup> was the first step in the process of improving services. Using the information from the walk-through exercise, the change team met to establish the first objective for improving processes at Fayette. They wanted to increase treatment retention by making new clients feel "welcomed" rather than "processed," engaged in treatment, and empowered in their first steps to recovery. The change team set a goal to:

### **Increase the percentage of women staying beyond the first two days after admission.**

The New Leaf program for women was chosen based on its high dropout rate, compared to Fayette's other two residential programs. New Leaf data analyzed for a 12-month period indicated a premature termination rate of approximately 12% in the first two days, and almost 21% within a week of admission to this program. Of the 12% who left against medical advice (AMA) in the first two days, 43% of those had been admitted on a Friday.

## **Gathering and Reviewing Information**

The change team utilized the following avenues for gathering information and feedback about the handling of the admissions process, and the treatment experience in the first forty-eight hours post-admission.

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|---|---|
| <ul style="list-style-type: none"><li>• Walk-Through</li><li>• Client focus groups</li><li>• Survey of clients generated by focus group</li></ul> | <ul style="list-style-type: none"><li>• Survey of families generated by client focus group</li><li>• Peer Sponsor</li></ul> |
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A focus group was held with four current and four former consumers of the program, to solicit their perspectives on the admission process and their thoughts on possible causes of premature dropout from treatment. Change Leader Tom Murphy conducted the focus group and recorded the results. Major factors identified by the clients included: not knowing what was expected of them; lack of reassurance; being unable to call family; waiting alone with no one to talk to while being “processed;” and waiting for their personal belongings to be searched before being assigned a room.

Based on this input, a consumer survey was developed, consisting of 10 questions, each scored on a seven-point Likert scale (strongly disagree to strongly agree) and one open-ended question to accommodate suggestions. All current consumers of the program were asked to complete the survey in March of 2003. Some of the survey results included:

- “I was offered to have a family member or friend with me during admission” – 65.4% agree or strongly agree
- “I was able to call my family or friend to let them know how I was doing (during first day)” – 61.5% disagreed or strongly disagreed
- “I needed someone to talk to (staff preferred)” – 53.8% agreed or strongly agreed
- “I needed someone to talk to (peer preferred)” – 61.5% agreed or strongly agreed

With regard to the last two questions, there was usually a strong preference given to either a peer or a staff member.

Narrative comments from the suggestion portion of the survey were also examined. The basic descriptions of people's experiences paraphrased from the narratives included:

- A sense of being processed rather than welcomed
- Initial isolation, loneliness, fear, and abandonment
- No one designated to talk to on first day – staff or peers
- Not allowed to call family to let them know how things were going
- A long wait for room assignment and personal effects

A questionnaire was also developed to assess family and friends' experiences in the initial treatment process, and administered to weekend visitors. Their responses to this survey included:

- “It would have been good to let me/others see the treatment center and meet some of the staff when my family member/friend was being admitted” – 80% agreed or strongly agreed
- “It would be better if a staff person called on the first or second day after admission” – 80% agreed or strongly agreed

Family members also wanted better directions to the residence once visitation times were allowed.

(To view the Fayette family and friends survey questions, [click here](#).)



Fayette also realized assigned peer mentors had direct contact with new admits during the first two days post-admission. These mentors were therefore an important information source in addressing premature drop-out. The change team wanted to implement a more formal method of finding out when peer mentors had concerns about new admits leaving treatment.

### **Choosing What to Change**

Combining information from the walk-through exercise, and from the focus group and surveys, the team was ready to implement changes at the New Leaf program. Two current clients of the program were invited to join the change team. After an information review, the team brainstormed possible changes that seemed likely to have the greatest impact on retention.

In order to do this, the change team analyzed the results of the consumer survey, including the most common and most highly rated comments. Comparisons of consumer information, the family member survey, the walk-through and the mentor feedback were also made. A list of change ideas was generated and from those, changes were selected based on priority and measurability.

### **Implementing Change**

Using this selection process, the following actions were chosen for implementation between April and June of 2003:

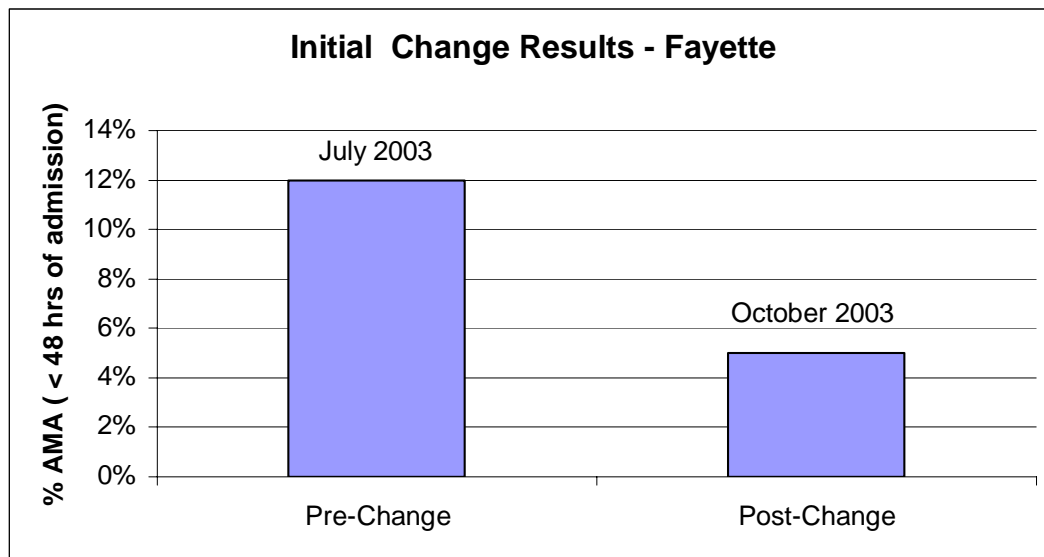
- Enhanced peer support at admission, and a revision of the role of “peer sponsor” assigned to orient and assist new admits. The expectations for peer sponsors were modified, and the selection process changed to assure that motivated clients assumed this role. Peer sponsors were also invited to a weekly meeting with staff to emphasize the importance of their contributions.
- Addition of daytime clinical support position to provide orientation and rapid room assignment.
- Support staff to combine client’s 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.
- Client allowed to call family on first night.
- Family or friend permitted to be a part of the admission process.



- At a weekly staff meeting, staff to report peer sponsors' concerns about new admits' risks of leaving, and also their suggestions for ways staff can intervene.
- New admits to receive a "welcome package" of stationary, envelopes and stamps, including a map and directions to assist family and friends in finding the facility on visiting days.

### **Initial Change Results**

These changes were well-received by both consumers and staff, and the atmosphere of the program began to improve. Another client survey was conducted in June 2003; Appendix 2 illustrates the pre- and post-change client responses to the survey, and the resulting improvement in perceptions of the program ([click here](#) to view pre- and post-change survey responses.) An analysis of the data for the period from July to October of 2003 revealed that the retention rate had also increased. During that four-month period, the rate of AMA discharges in the first forty-eight hours post-admission had dropped from a pre-change average of 12% to approximately 5% after the first set of changes was implemented.



### **Expanding the Aim and Making Additional Changes**

In October 2003, the change team decided to further review the information gathered, and set another aim: this time, to increase retention for the first seven days of treatment. Actions included:

- Involving all treatment program clinical and support staff, as well as central intake staff, to brainstorm ideas and to encourage staff buy-in for change.



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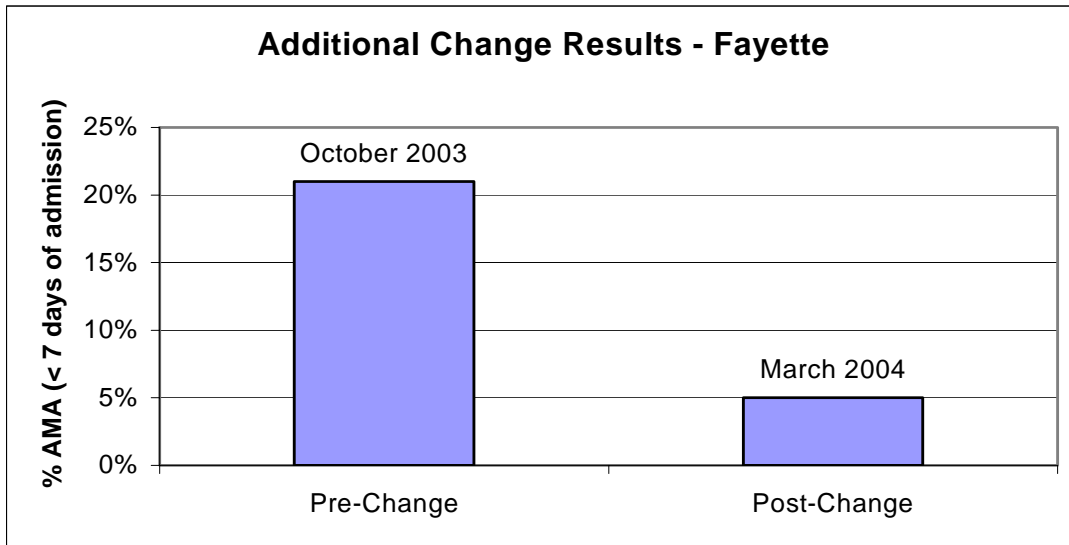
- Enlarging the change team to include intake personnel and manager, as well as the manager, receptionist, intake clinician, and outreach worker.
- Change team prioritizing staff suggestions.

With additional ideas and feedback, the team incorporated further changes to the treatment process at New Leaf. The next set of changes involved:

- Totally eliminating “blackout” week for phone calls and visitors, so that new admits did not have to feel as isolated from loved ones.
- Passing out Recovery Vouchers, one a day for seven days, redeemable for a gift certificate (a contingency management approach).
- All program staff verbally praising clients for any positive behaviors.
- Instituting moratorium on Friday admits (47% of those leaving in the first seven days were admitted on a Friday). The admission starts at a central intake. Often, it is afternoon before a person arrives at the facility. For Friday admits, they may not have had time to meet with their assigned counselor that day; moreover, the assigned counselor generally was not working over the weekend. Also, programming is very different on weekends. As a result, new admits did not have an opportunity to experience the normal routine. There was too much free time for them to experience a positive impact from treatment in their first two days. All of these factors may impede engagement in treatment for Friday admits, compared to admits on other weekdays.
- Motivational Interviewing techniques were implemented with those identified as being at risk of leaving. Training was provided to both clinicians and other support staff.

### **Additional Change Results**

With the implementation of these additional changes and the expanded aim, the change team analyzed the data for the period October 2003 to March 2004. The results showed a significant decrease in AMA discharges since the changes were instituted. The initial figure for AMA discharges indicated that almost 21% (20.9%) of those admitted were choosing to leave in the first seven days of treatment. The post-change data revealed that between October of 2003 and March of 2004, the rate of AMA discharges in the first seven days had dropped to approximately 5%. There was approximately a 16% increase in the retention rate, with the implementation of the changes described.



### **Impact of the Changes**

When people are admitted to addiction treatment and choose to leave within the first seven days, it becomes a lose-lose situation for everyone. Opportunities for treatment, recovery and improved quality of life are lost. Treatment staff morale decreases because they feel a sense of failure at their jobs. Agencies lose time and money admitting, assessing and then discharging those who do not stay long enough to benefit.

With the implementation of changes at Fayette, not only have the stories of people like Sonya changed for the better, but the staff are more satisfied with their work, and the agency is not losing as much money in personnel time. The effort to gather client and family information, and make changes based on feedback, has paid off at Fayette; these principles can be applied at other addiction treatment organizations to increase retention rates and improve addiction treatment services.





## **APPENDIX 1: Fayette Family and Friends Survey**

Participants were asked to rate the following statements on the survey with a Likert scale of 1-6, with 1 being “strongly disagree” and 6 “being strongly agree.”

The Question/Statements were:

1. It could have been more helpful if I had more information about New Leaf’s program.
2. It would have been good for the client to call me/others the first day or two.
3. It would be good to let me/others see the treatment center and meet some staff when my family member/friend was admitted.
4. It would be better if the staff person called family in the first or second day.
5. Suggestions for us that you would like to make:

## APPENDIX 2: ADMISSION TO NEW LEAF SURVEY

Survey Questions	Pre (n=26)			Post (n=20)		
	Agreed	Undecided	Disagreed	Agreed	Undecided	Disagreed
Someone was always available to answer my questions.	50%	12%	39%	80%	10%	10%
Staff helped me to understand what was going to be expected of me.	39%	23%	39%	85%	10%	5%
*I was offered to call my family or friends to let them know how I was doing.	35%	4%	62%	80%	5%	15%
I was able to go to my room and put my clothes and personal items away soon after arrival.	50%	8%	42%	95%	0%	5%
I felt alone and isolated.	39%	8%	54%	15%	20%	65%
I needed someone to talk to – staff.	54%	15%	31%	NA	NA	NA
A staff member was available to talk to and ask questions.	NA	NA	NA	90%	5%	5%
I needed someone to talk to – peer.	62%	19%	19%	NA	NA	NA
A peer was available to talk to and ask questions.	NA	NA	NA	90%	10%	0%
Staff helped me to feel comfortable.	46%	27%	27%	90%	10%	0%
I was offered choices of being with a staff member or peer and whether I wished to attend groups or rest.	NA	NA	NA	70%	10%	20%
**I was offered to have a family member, friend or someone who accompanied me to come with me during admission to New Leaf.	65%	8%	27%	75%	NA	25%
<b>Yes/No Questions</b>						
*A family member or friend came with me during admission to New Leaf.		NA	NA	35%/Yes	65%/No	

**Note:** NA equals not asked at both time points. \*Wording of question was altered from pre to post. \*\*Scoring format was altered from pre to post.

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i Change team members at Fayette included:

- Executive Champion Mike Boyle, CEO
- Change Leader Tom Murphy, COO
- Debra Oberg Manager of Central Intake
- Patrice Kennedy Manager of Women's Treatment Services
- Elaine Hubble Supervisor of Environment of Care
- Patricia Stenson CST (Technician)
- Maggie Renteria CST
- Krista McMahan Intake Counselor
- Laura Elkins Intake Reception