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NEW DAY RECOVERY - SHREVEPORT PERFORMANCE ANALYSIS & IMPROVEMENT REPORT FOR 2019

Introduction

New Day Recovery is committed to a process of continual improvement in various spheres of operation, include our organization, program development, service delivery, and overall treatment of our consumers and staff. These efforts are achieved through the collection of information and data that are both valid and reliable, and tied to the goals and indicators of our organization. New Day Recover seeks to do the following:

1. Identify and address needs of the organization and its consumers;
2. Improve the organization's business functions and fiscal stability;
3. Modify programs developed to optimize efficiency without losing our person-centered focus;
4. Monitor and improve outcomes of service delivery;
5. Improve access to New Day Recovery programs and services;
6. Monitor and improve consumer satisfaction with these efforts.

This report will be shared with the Management Team Members and all staff of New Day Recovery, consumers, stakeholders, and partners who collaborate and support New Day Recovery's mission. It is important to mention that NDR's strategic plan, input document, risk management plan, health and safety plan, personnel policy manual, accessibility plan, and information/data management plan as well as the NDR policy manual provide details and descriptions of our various systems and operations that are dedicated to performance improvement.

Demographic Data of Consumers

New Day Recovery is located in the cities of West Monroe and Shreveport, within the state of Louisiana. Both locations are in the northeastern quadrant of the state. This particular report is applicable to the facility in Shreveport, Louisiana (NDR-Shreveport). The demographics of consumers who have been served include males and females with substance abuse problems who seek detoxification assistance, inpatient treatment, and/or outpatient treatment. Women are served in both the inpatient and the outpatient program at NDR-Shreveport.

In 2019, approximately 1028 consumers (combining inpatient and outpatient) were seen with 565 being African American and another 448 being Caucasian. There were 15 consumers who reported as Latino American. As with our West Monroe facility, there were no persons who presented as being Asian American. Of these consumers, the majority were adults of 18 to 40 years of age (a total of 682), another 337 were adults of 41 to 65 years of age, the remaining 09



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consumers were 65 and over. All 904 consumers reported to NDR-Shreveport due to alcohol and other drug addiction (AOD). Among these, approximately 897 (87.0%) reported as being dual diagnosis consumers (AOD/MH). Also, 312 consumers came to NDR-Shreveport as being homeless. Twelve consumers reported being HIV positive.

UPDATES ON ACTION ITEMS FROM 2018

Upon completing our Performance Improvement Report for 2018, three key recommendations were provided as action items for NDR-Shreveport to investigate and complete, as feasible. These action items are listed as “recommendations” and include an overview as to what was accomplished under each throughout 2019.

1. Ensure that 30-day follow-up data collection occurs with those who leave NDR after EACH SPECIFIC EPISODE OF CARE.

Action Plan:

1. More vigorously pursue collection of measures of goals in Detox-only, IP-only, and IOP-only episodes of care.
2. Calculate percentage of collected data at or near to mid-year 2019 (July 31st, 2019).

This recommendation was completed and achieved. Approximately 15 to 20% of all Detox-only, IP-only, and IOP-only consumers were polled and data gathered from each group regarding their current drug/alcohol use, 30 days after leaving NDR-Shreveport.

2. Reduce the overall amount of “missing cases” in the data collection process.

Action Plan:

3. Ensure that entrance surveys are collected at the outset of consumer intake among all staff.
4. Ensure that satisfaction surveys are completed by consumers who leave the facility, including those who leave AMA.

This recommendation was also completed and achieved. NDR-Shreveport gained more total responses than in prior years and was able to obtain information from clients using the AMA survey form from consumers who left prior to completing their program.



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3. Develop counseling staff credentials to be equally adept at address both substance abuse and co-occurring disorders in Shreveport facility as well as the upcoming Shreveport facility.

Action Plan:

1. Provide more clinical supervision and engage mental health staff at both facilities.
2. Promote training and improvement of skills among mental health professionals.

This objective was also fulfilled with new staff being added among the LPC ranks for inpatient and outpatient in 2019.

4. Create curriculum for IOP that is evidence-based and is reflective of OUTCOME MEASURES #1 thru #7 for NDR-Shreveport.

Action Plan:

1. Create basic curriculum from Matrix Model Currciulum.
2. Implement selected segments of training.
3. Evaluate consumer outcomes for IOP prior to use of the curriculum and post-implementation of the curriculum.

This objective was primarily fulfilled. The curriculum was full completed and was implemented during 2019. The evaluation project has been developed and is in the process of being conducted. Currently, the mechanisms are in place to compare pre-implementation outcomes with post-implementation outcomes. In addition, the attached addendum includes plans to complete an experimental comparison that includes both a control group and an experimental group. See Appendix A attached to this report.

BUSINESS FUNCTIONS

Overview

Since January of 2019, NDR has been in the process of expanding services. During this year, NDR-Shreveport has made great strides to provide high-quality services for consumers, focusing first on the detoxification and inpatient programs, followed in later months with the IOP program.

Business Functions by Program

At the outset of its first year, the detoxification program was fiscally viable though, similar to NDR-West Monroe, this was not the bulk of revenue generated. Its necessity is, of course,



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unquestioned and it continues to provides the most common form of entry for consumers who ultimately elect to enter the inpatient program.

The inpatient program performed well in terms of fiscal management due to a fairly continual source of consumers and adequate revenue streams from Medicaid and private insurance companies. Shreveport is a much larger metropolitan area than is West Monroe, where there is a correspondingly high demand for treatment.

The outpatient program has no true financial record, as of yet, having only 6 months of operation. It is anticipated that the IOP program will grow more quickly than did the IOP in West Monroe simply due to the larger demand for services from community members in the region who do not, necessarily, seek inpatient treatment. Nevertheless, the IOP will also serve as a follow-up program that provides for a continuum-of-care that is efficient in both resources and delivery of therapeutic services.

PROGRAM FUNCTIONS

Overview

It is clear that NDR-Shreveport has maintained steady performance in client perceptions of services, both in terms of data received from client satisfaction surveys as well as self-attributed scores on the rating-of progress. We continue to collect specific data upon entry (an entrance survey), while the consumer is in the program using a Rating-of-Progress (ROP) form during the interim of the consumer's services in inpatient or intensive outpatient treatment, and a satisfaction survey at the completion of programming.

DETOXIFICATION PROGRAM

Effectiveness of Detoxification Program

This program is the entry point to all others that follow at our facility. However, it is also the shortest in duration, lasting only 3 to 5 days. During this program, most data that is collected is medical in nature and continues throughout the duration of the patients stay. An entrance survey is provided and from these surveys, it has been clear that consumers have been highly satisfied with services that they have received when entering the facility a mean (\bar{x}) average of over 4.32 out of a 5 point Likert Scale ordering, with 1 indicating strong disagreement and a 5 indicating strong agreement that services met consumer expectations). Satisfaction surveys for persons leaving the detoxification program reflect a mean (\bar{x}) average of over 4.25 out of a 5 point Likert Scale.

It is important to note that the overwhelming majority of detox clients do eventually go on to inpatient or outpatient treatment. This means that there are only a small portion only who do not do so. Importantly, for those who choose to not go on to inpatient, many cite employment



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responsibilities and/or other commitments that, from their perception, will not be able to be maintained or paused sufficiently to complete the inpatient process. Other measures of effectiveness of our detoxification program include the following:

1. During the detoxification period, consumers overwhelmingly report a gradual reduction in symptoms, over time, which is attributed to the medically assisted aspect of this withdrawal support program.
2. Many individuals engage in the group process along with the regular inpatient consumers (this is encouraged). Likewise, nearly as many engage in recreational activities such as walking and other low impact cardiovascular exercise.
3. The number, duration, and frequency of symptomatic and/or asymptomatic behaviors tend to diminish, particularly near the end of the typical 5 day period.
4. There is a clear improvement in the physical health of the consumer, even in the short 3 to 5 day timeframe. Much of this has to do with the consumer getting sleep, taking their medications, and eating a balanced meal. Much of this being lacked while they were using AOD's.

It should be noted that the above are direct measures that have been given as examples from the 2019 CARF standards Manual (see page 107).

Efficiency of Detoxification Program

These measures are identical to those used in our report from the prior year. These measures are also more administrative in nature and include the following indicators:

1. Occupancy rates are enhanced due to the Detoxification Program, ensuring that NDR-Shreveport maintains 97% occupancy on nearly any day throughout the year.
2. Retention rates are fairly high as most all persons who enter detoxification complete the process, the vast majority completing a 5-day term of participation.
3. The direct service hours with clinical staff contact has increased but yet, cost in staff for the detoxification program has not increased. This is because NDR has been successful at encouraging detoxification consumers to engage in programming (i.e. group counseling, recreation, peer-support programs) as they are able. Many do so and this improves the effectiveness of their detoxification experience yet utilizes resources that are already available and paid for.

Service Access for Detoxification Program

In regard to service access, NDR provides an entrance survey wherein item #1 asks whether the consumer was content with the referral process and item #2 asks if it was easy to find the facility. On both of these items, **a mean (\bar{x}) average of over 4.86 on a 5 point Likert Scale**, with a 1 indicating strong disagreement and a 5 strongly agreeing that services met consumer expectations.

Other measures include the following:



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1. The hours of service are convenient (24 hours a day, 7 days a week), and the location is convenient along I-20. Further, transportation is provided for those who have need.
2. The time taken to set the first appointment is usually less than 1 day, if that.
3. Telephone response time is usually very rapid. Most new potential consumers are given a return call (once their preliminary information is taken) within a 1-day period or less.
4. Formal referral mechanisms are considered efficient due to data mentioned in the paragraph above and the fact that referral to inpatient, outpatient, or residential facilities exceeds 70% when consumers complete detoxification. Most who do not utilize these extra services decline them due to other options being available that they prefer.

Satisfaction with Detoxification Program

In regard to satisfaction, NDR-West Monroe provides an entrance survey wherein item #8 asks whether if the consumer was treated with dignity and respect and item #9 asks if the consumer was satisfied with the orientation process. On both of these items, **a mean (\bar{x}) average of 4.81 or more** on a 5 point Likert Scale ordering, with 1 being strongly disagreeing and a 5 strongly agreeing that services met consumer expectations).

Further, there is documented evidence of the use of informed choices about medications as well as modes of treatment. Medications choices are obviously adhered to or the individual would not seek the medically-assisted detoxification program, in the first place. Exacting documentation of consumption of medications is maintained to verify this. Further, many detoxification consumers choose to participate in group counseling sessions and other activities, demonstrating the use of informed choices related to modes of treatment.

Follow-up Data Collected from Those who Exited Detoxification Services

Currently, there is little follow-up regarding the satisfaction that consumer has with the detoxification, independent of further access into treatment. It is important to point out that approximately 88% of all Detoxification Program consumers select to attend the Inpatient Program (IP) where follow-up data is gathered, upon leaving the facility. This includes both satisfaction with services after detoxification as well as progress of consumers, once they leave.

INPATIENT PROGRAM (IP)

Effectiveness of Inpatient Program (IP)

An entrance survey is provided and from these surveys, it has been clear that consumers have been highly satisfied with services that they have received when entering the facility. Data related to responses from our entry survey for Inpatient (IP) programming are based on a potential pool of 901 admit responses, among which 183 responses (20%) were received. Among



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the 183 surveys received, the number and percent of those who endorsed agreement or strong agreement with the item(s) presented to the consumer is presented in Table 1, below:

Table 1: Consumer Entrance Survey Data for Inpatient Program (IP) Effectiveness

Question	Number Indicating Agree or Strongly Agree	Percentage of Overall Responses
1. The staff did a good job in reference to customer service.	183	96%
2. I received feedback from staff regarding services quickly.	183	95%
3. All of my questions were answered during intake.	183	94%
4. I feel safe in the environment.	183	94%
5. I am likely to recommend your organization to others.	183	96%
6. I have been treated with dignity and respect.	183	94%
7. I am satisfied with the program orientation.	183	97%
8. My expectations in reference to admissions were fully met.	183	92%

NOTE: The above chart is out of a potential pool of 183 consumers who provided data.

From the data in Table 1, it is very clear that consumers find initial services with NDR-Shreveport to meet their expectations, overall. What is interesting is that, at the end of the list of questions in Table 1, all aggregate responses averaged between 92% to 99%, indicating agreement or strong agreement.

Further, NDR-Shreveport utilizes seven outcome measures as their primary means of determining effectiveness of our programs. These outcome measures are linked to our treatment



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plans as well as data collected with our Rating-of-Progress form that is used, intermittently, throughout the duration of a consumer’s stay at NDR-Shreveport. The seven outcomes, along with aggregate data responses from consumers at the beginning and at the end of inpatient treatment are provided below. It should be noted that when obtaining data for these outcomes, the mean data response, on a scale of 1 to 10 (1 indicates little or no endorsement of the outcome, 10 reflects strong endorsement of the item) among participants. The pretest and posttest measures are shown as follows, by outcome:

Table 2: NDR Primary Outcome Measures for Inpatient Treatment Effectiveness

OUTCOME MEASURE	\bar{x} Response at Admission	\bar{x} Response at Discharge
1. Use and/or cravings of alcohol or drugs will decrease while services are offered to participants.	4.33	6.94*
2. A diminished effect of prior substance abuse impact current physiological and/or psychological functioning.	4.12	6.73*
3. Reduction in lifestyle choices that contribute to potential drug use in the future.	3.94	6.70*
4. Relationships with family and friends are supportive to recovery.	4.48	7.03*
5. Emotional functioning is stable and reflects positive affect.	3.81	5.71*
6. The quality of one’s spiritual connection or sense of purpose in life.	4.61	7.05*
7. Engages in pro-social and goal-directed behaviors that contribute to an overall healthy lifestyle.	4.04	6.99*

Note that the asterisk (*) indicates that the change from pretest to posttest is significant at the .05 level or greater.



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It can be seen, when examining Table 2, that consumers report very substantial changes in their overall functioning. Indeed, not only there distinct differences between their perceived functioning at admission and discharge, these differences are statistically significant.

NOTE: New Day Recovery does understand that the displays of effectiveness in Table 2 are, all by themselves, not actually adequate indicators of success. This is because clients who remain in treatment and simply live a balanced life are likely to make significant gains, simply because they are not using AOD's and because they are getting balanced nutrition, sleep, and exercise. Thus, these results are not surprising.

The outcome measures listed in Table 2 line up with many included in the Performance Measurement section of the 2019 CARF Manual (see pg. 107) which include the following:

- | | |
|---|----------------------|
| 1. Maintenance of abstinence | (Measures #1 and #3) |
| 2. Reduction or elimination of incidence of relapse | (Measures #1 and #3) |
| 3. Reduction of symptoms | (Measures #1 and #5) |
| 4. Improvement of physical health | (Measures #2 and #7) |
| 5. Increase in level of psychological functioning | (Measures #2 and #5) |
| 6. Quality of relationships | (Measures #4 and #6) |
| 7. Decreased episodes of anger | (Measures #4 and #5) |
| 8. Involvement in activities of daily living | (Measures #3 and #7) |
| 9. Improvement in school functioning | (Measures #3 and #7) |
| 10. Health status | (Measures #2 and #7) |
| 11. Subjective psychological well-being | (Measures #2 and #6) |

Other measures of effectiveness of our inpatient program, as with the detoxification program, are also noteworthy:

12. During their time in inpatient treatment, consumers report a gradual reduction in symptoms, over time.
13. The number, duration, and frequency of symptomatic and/or asymptomatic behaviors diminish as time progresses in the inpatient program.

Efficiency of Inpatient Program (IP)

This section will be very similar to the prior efficiency section included for the NDR Detoxification Program. As the CARF Manual notes, the measures are usually more administrative in nature. Efficiency measures used for the Inpatient Program (IP) include the following points or items of measure:

1. NDR-Shreveport maintained an occupancy of over 90% on nearly any day during the first nine months of operation.



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2. While the information in #1 holds true, there was still a high number of consumers who left AMA and were administratively discharged, in relation to the NDR-West Monroe facility. Much of this is reflective of the newness of the facility to the region and the junior staff who worked shifts at NDR-Shreveport. It should be pointed out that this same observation was made with the NDR-West Monroe facility during the first year of operation there, as well.
3. Again, due to the newness of the facility and the need to allow staff to “settle” into some type of cohesive organizational culture, there has not been a high rate of turnover among staff. However, new and highly qualified staff have been and, continue to be, added.

Service Access for Inpatient Program (IP)

In regard to service access, and similar to our detoxification program, NDR-Shreveport provides an entrance survey wherein item #1 asks whether the consumer was content with the referral process and item #2 asks if it was easy to find the facility. Data related to responses from our entry survey for inpatient programming are presented in Table 3, with the percentage of overall responses being the same as the prior year. This information is below:

Table 3: Service Access Indicators

Question	Number Indicating Agree or Strongly Disagree	Percentage of Overall Responses
I am satisfied with the referral process (locating treatment).	183	99%
It was easy to find the facility.	183	93%

As with our Detoxification Program, other measures for service access to our inpatient program include the following:

1. The hours of service are convenient (24 hours a day, 7 days a week), and the location is convenient along I-20. Further, transportation is provided for those who have need.
2. The time taken to set the first appointment is usually less than 1 day, with improvements being observed due to the inclusion of new staff at the front counter areas of the facility.
3. Telephone response time is usually very rapid. Most new potential consumers are given a return call (once their preliminary information is taken) within a 1-day period or less.



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How well did staff work on issues that you wanted to work on?	183	92%
My therapist was a good fit for me during sessions.	183	94%
The program helped me to deal more effectively with problems.	183	93%
How likely would you recommend us to a friend in recovery?	183	96%
Question	Number Indicating Agree or Strongly Agree	Percentage Indicating Agree or Strongly Agree
Food and dietary issues were given sufficient attention.	183	94%
My physical health has improved while at New Day Recovery.	183	93%
I am happy with the person I have become after this program.	183	94%
I feel more spiritually grounded.	183	96%
I am much less likely to use drugs or alcohol after this program.	183	94%

NOTE: The above chart is out of 183 consumers who provided data and others (approximately 718, depending on the item) being missing due to several months of operation where data was not able to be collected and due to consumer departure prior to successful administration of the survey.

From the data in Table 4, it is clear that consumers are satisfied with a variety of aspects of service delivery that they have experienced at NDR-Shreveport. Staff at our facility are fairly vigorous in collecting satisfaction surveys prior to consumer departure. Nevertheless, there are some cases of missing data. Of those who did provide satisfaction surveys, it is clear that they perceived circumstances as beneficial.

Follow-Up Data Collected from those Who Exited Inpatient Services

NDR-Shreveport did not begin this process of data collection until early in 2019. For the most part, informal follow-up was provided and consumers were seen, off and on, after their receipt of services. However, a formal means of collecting and recording these follow-up contacts did not



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emerge until 2019. Naturally, this became an action item for the subsequent year, once it was understood that this metric had not been met in 2018.

INTENSIVE OUTPATIENT PROGRAM (IOP)

Effectiveness of Intensive Outpatient Program (IOP)

An entrance survey is provided and from these surveys, it has been clear that consumers have been highly satisfied with services that they have received when entering IOP. Data related to responses from our entry survey for Intensive Outpatient programming are presented in Table 5, below:

Data related to responses from our entry survey for Inpatient (IOP) programming are based on a potential pool of 294 admit responses, among which 51 responses (17%) were received. Among the 51 surveys received, the number and percent of those who endorsed agreement or strong agreement with the item(s) presented to the consumer is presented in Table 5, below:

Table 5: Consumer Entrance Survey Data for Intensive Outpatient Effectiveness

Question	Number Indicating Agree or Strongly Agree	Percentage of Overall Responses
1. The staff did a good job in reference to customer service.	51	92%
2. I received feedback from staff regarding services quickly.	51	92%
3. All of my questions were answered during intake.	51	84%
4. I feel safe in the environment.	51	92%
5. I am likely to recommend your organization to others.	51	92%
6. I have been treated with dignity and respect.	51	92%



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7. I am satisfied with the program orientation.	51	88%
8. My expectations in reference to admissions were fully met.	51	92%

NOTE: The above chart is out of 51 consumers who provided data.

Even though both inpatient and outpatient use different treatment plans, both programs still essentially address the same seven primary outcome measures to track how well consumers continue with these goals during their outpatient experience. While inpatient programming follows a treatment approach specifically structured around the six ASAM dimensions, the outcome items listed in Tables 2 (in Inpatient section) and 6 (that follows) are still equally relevant and applicable. These outcome measures are linked to the outpatient treatment plans as well as data collected with our Rating-of-Progress form that is **used on a monthly basis as part of our monthly treatment plan review**, intermittently, throughout the duration of a consumer’s IOP experience with New Day Recovery. The seven outcomes, along with aggregate data responses from consumers at the beginning and at the end of inpatient treatment are provided below. It should be noted that when obtaining data for these outcomes, the mean data response, on a scale of 1 to 10 (1 indicates little or no endorsement of the outcome, 10 reflects strong endorsement of the item) among participants. The pretest and posttest measures are shown as follows, by outcome, in Table 6.

Table 6: NDR Primary Outcome Measures for Intensive Outpatient (IOP) Treatment Effectiveness

OUTCOME MEASURE	\bar{x} Response at Entry	\bar{x} Response after 30 days or more
1. Use and/or cravings of alcohol or drugs will decrease while services are offered to participants.	4.37	7.34*
2. A diminished effect of prior substance abuse impact on current physiological and/or psychological functioning.	4.88	6.86*
3. Reduction in lifestyle choices that contribute to potential drug use in the future.	4.63	7.12*



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4. Relationships with family and friends are supportive to recovery.	5.20	7.29*
5. Emotional functioning is stable and reflects positive affect.	4.41	6.63*
6. The quality of one's spiritual connection or sense of purpose in life.	4.76	6.90*
7. Engages in pro-social and goal-directed behaviors that contribute to an overall healthy lifestyle.	4.59	6.90*

Note that the asterisk (*) indicates that the change from pretest to posttest is significant at the .05 level or greater.

From the data above, it is clear that significant progress on each of the primary indicators has been made by consumers. Certainly, when examining Table 6, one can see that consumers report very substantial changes in their overall functioning. Indeed, not only there distinct differences between their perceived functioning at admission and discharge, these differences are statistically significant. In making these observations, it should be pointed out that this sample size (n = 16) is very small and this does need to be considered. This sample constitutes only 11% of the total IOP consumer population at NDR-Shreveport. **While 16 participants is not enough to use significance tests with a great deal of confidence, this is for better or worse, the data that was collected and that was available. It is thought that in our 2019 report, much more data will be available for analysis in this program.**

As with the Inpatient Program, the outcome measures for the Outpatient Program listed in Table 6 line up with many included in the CARF Manual (see pg. 107) which include the following:

- | | |
|---|----------------------|
| 1. Maintenance of abstinence | (Measures #1 and #3) |
| 2. Reduction or elimination of incidence of relapse | (Measures #1 and #3) |
| 3. Reduction of symptoms | (Measures #1 and #5) |
| 4. Improvement of physical health | (Measures #2 and #7) |
| 5. Increase in level of psychological functioning | (Measures #2 and #5) |
| 6. Quality of relationships | (Measures #4 and #6) |
| 7. Decreased episodes of anger | (Measures #4 and #5) |
| 8. Involvement in activities of daily living | (Measures #3 and #7) |
| 9. Improvement in school functioning | (Measures #3 and #7) |
| 10. Health status | (Measures #2 and #7) |
| 11. Subjective psychological well-being | (Measures #2 and #6) |



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1. During their time in inpatient treatment, consumers overwhelmingly report a gradual reduction in symptoms, over time.
2. All engage in activities of daily living at the facility that increases with time in inpatient treatment.
3. The number, duration, and frequency of symptomatic and/or asymptomatic behaviors diminish as time progresses in the inpatient program.
4. Housing situations for persons in Intensive Outpatient also seem to be addressed sufficiently as none of these consumers report being homeless. New Day Recovery works closely with numerous recovery homes and other facilities to assist consumers in meeting their housing needs.
5. Consumers of IOP also experience community integration as they are connected with several peer support networks throughout the area, including Celebrate Recovery, Alcoholics Anonymous, Gamblers Anonymous, or other forms of recovery-based social activities.
6. Out of necessity, consumers in IOP must be involved in activities of daily living. In group settings, follow-up regarding the consumer's schedule and the level of day-to-day activity is addressed, the goal being to have consumers involved in as many pro-social activities throughout their week as is possible. Volunteer work is encouraged, as are other activities.

Efficiency of Intensive Outpatient Program (IOP)

This section is similar to the efficiency sections for the NDR Inpatient Program and the NDR-Shreveport Detoxification Program. As the CARF Manual notes, the measures are usually more administratively oriented in nature. Efficiency measures used for the Intensive Outpatient Program (IOP) include the following points or items of measure:

1. Service delivery cost per unit is probably optimal, as groups tend to average around 10 to 12 participants per counselor available. This is a healthy ratio from an efficiency standpoint.
2. The primary IOP clinician has been consistently involved, with a low rate of personnel turnover among the counseling staff who tend to oversee the additional program needs.

Due to the newness of the IOP program, there has not been sufficient time to develop more measures of program efficiency. Indeed, as has been mentioned, there is little data available when compared to the NDR-West Monroe facility in 2019. However, this data is very similar to what we observed in prior reports from NDR-West Monroe during its first and second years of operation. This is, of course, a more fair comparison that leads us to believe that the NDR-Shreveport IOP is on track to be successful, in the long-term.

Service Access for Intensive Outpatient Program (IOP)

In regard to service access, and similar to our Inpatient Program, NDR provides an entrance survey wherein item #1 asks whether the consumer was content with the referral process and



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item #2 asks if it was easy to find the facility. Data related to responses from our entry survey for IOP programming are presented in Table 7, below:

Table 7: Service Access Indicators for IOP

Question	Number Indicating Agree or Strongly Agree	Percentage of Overall Responses
I am satisfied with the referral process (locating treatment).	51	92%
It was easy to find the facility.	51	88%

NOTE: The above chart is out of 51 consumers who provided data.

As can be seen in Table 7, it is clear that nearly every consumer found the referral process to New Day Recovery to be satisfactory and they also indicated that the facility was easy to locate. As with our Inpatient Program, other measures for service access to our outpatient program include the following:

1. The IOP groups are held on Saturdays (2:30 p.m. to 5:30 p.m.), Sundays (2:30 p.m. to 5:30 p.m.), Monday mornings (9:00 a.m. to 12:00 p.m.) and Monday evenings (5:30 to 8:30 p.m.), Tuesday evenings (5:30 to 8:30 p.m.), Wednesday mornings (9:00 a.m. to 12:00 p.m.), and Thursday evenings (5:30 to 8:30 p.m.), because, according to our consumers, these days and times provide the most amenable schedule for them to attend amidst work and other responsibilities.
2. NDR-Shreveport is open 24 hours a day, 7 days a week so that persons interested in IOP can call at any time to get information. In addition, the location is convenient along I-20. Further, transportation is provided for IOP consumers who live in and around the region if such is needed.
3. The time taken to set the first appointment is usually less than 1 day, if that.
4. For IOP inquiries, telephone response time is usually very rapid. Most new potential consumers are given a return call (once their preliminary information is taken) within a 1-day period or less.
5. As noted last year, the referral mechanisms for our IOP are in need of improvement. While counselors do attempt to aid consumers in setting appointments, getting employment, and addressing housing issues, this is usually done on an informal basis. There are no dedicated staff who link outside services with the IOP consumers, per se. However, New Day Recovery does have a strong working relationship with numerous state agencies, residential homes, and employers in the region which allows the IOP staff to provide some referrals for consumers in need. No actual hard data or outcomes related to referrals is available. Rather, this is due to observation and experience that this indicator is provided.



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Satisfaction for Intensive Outpatient Program (IOP)

In regard to satisfaction, NDR provides a satisfaction survey that is collected from consumers as they prepare to leave outpatient services. Results from this survey are presented in Table 8, below:

Table 8: Consumer Satisfaction Survey for IOP

Question	Number Indicating Satisfied or Very Satisfied as Endorsement	Percentage of Consumers Who Responded
How would you rate the quality of service you received?	51	92%
How well has New Day Recovery met your needs?	51	96%
Did our program meet or exceed the quality that you expected?	51	92%
My overall physical health and condition was given effective programming attention.	51	88%
The provision of medical services that were available, when needed.	51	94%
I am satisfied with the services for family-oriented issues	51	96%
How do you rate the helpfulness of individual counseling sessions?	51	90%
How do you rate the helpfulness of group counseling sessions?	51	90%
Question	Number Indicating Very Much as Endorsement	Percentage Indicating Very Much as Endorsement (Including Missing Cases)



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How well did staff hear, understand, and respect you?	51	90%
How well did staff work on issues that you wanted to work on?	51	90%
My therapist was a good fit for me during sessions.	51	88%
The program helped me to deal more effectively with problems.	51	92%
How likely would you recommend us to a friend in recovery?	51	92%
Question	Number Indicating Agree or Strongly Agree	Percentage Indicating Agree or Strongly Agree (Including Missing Cases)
Food and dietary issues were given sufficient attention.	51	92%
My physical health has improved while at New Day Recovery.	51	90%
I am happy with the person I have become after this program.	51	90%
I feel more spiritually grounded.	51	90%
I am much less likely to use drugs or alcohol after this program.	51	90%

NOTE: The above chart is out of 51 consumers who provided data. Note that NDR was unable to collect the entry survey from 243 consumers, making the response 17 percent of the total persons in IOP.

Similar to our NDR-West Monroe facility, it can be seen that there is a substantial amount of missing data from Table 8. Much of this has to do simply with the new start-up at NDR-Shreveport and the newness of IOP operations during the last 6-months of this reporting year. It is expected that the overall response will be much improved in 2019.



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COMBINED 30-DAY FOLLOW-UP

Follow-up Data Collected from Those who Exited Inpatient Services

NDR-Shreveport has implemented a sampling process for 30-day follow-up so that every 10th consumer is selected for 30-day follow-up. During 2019, this sampling process was utilized during the 1st and 2nd quarters of the year. Unlike the West Monroe facility, there was no shift to culling out every 3rd client during the 3rd quarter and the 4th quarter to increase numbers. Though the number of respondents was only.

During 2019, a total of 38 calls and/or physical contacts were made approximately 30 days after completion of detoxification among consumers who did not remain at NDR-West Monroe, with **9 being successfully contacted**. Future data collection needs to ensure that data collection continues to meet the minimal sampling for each of the three episodes of care rather than doing so globally for the combined aggregate of consumers coming through NDR-West Monroe. For each question included in the 30-day follow-up data collection instrument, the results can be seen as follows:

Table 9A: Combined Program 30-Day Follow-up Results

Question	Yes	No
During the past month, have you used drugs or alcohol that has not been prescribed?	2	7 78%
During the past month, have you continued to attend your peer-support group?	6 66%	3
Did you attend IOP after completing inpatient treatment at NDR?	5 56%	4
Since completing treatment at NDR, have you continued to pursue your spiritual beliefs and/or practices?	7 78%	2
During the past month, have you continued to do physical workouts such as running, cardio groups, or weight-lifting to improve your fitness?	4	5 56%
Since completing inpatient treatment at NDR, have you obtained employment?	5 56%	4



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From the data in Table 9A, it can be seen that the majority of clients do not relapse 30 days after discharge. This is a good finding even though the number of clients successfully contacted was only 9 total. Naturally, we would prefer that they continue their support group engagement without any breaks and we contend that the consumer’s rate of relapse would also go down; nevertheless, the opposite tends to be true for many within the addicted community. Given that the majority of our consumers have obtained employment and the majority continued to attend peer-support groups we claim overall success on **OUTCOME MEASURE #7** and on **OUTCOME MEASURE #3** for NDR-West Monroe, on post-treatment follow-up measures. We likewise consider NDR-West Monroe to be successful on **OUTCOME MEASURE #1** because the majority of our consumers report sobriety. **However, given that only 44% continued to engage in physical exercise regimens, we must concede that we have not met our desired metric for OUTCOME MEASURE #2.**

Further, an even higher proportion prior consumers did continue to follow spiritual interests in 2019 than in 2018. Therefore, we conclude that this reflects success on **OUTCOME MEASURE #6** for NDR-West Monroe on post-treatment follow-up measures. This is simply reflective of the population who tends to seek treatment at NDR-West Monroe, where faith-based principles are emphasized within both the organizational culture of employees as well as the treatment culture for consumers.

Table 9B: Combined Program 30-Day Follow-up Results

Question	Poor	Not Satisfactory	Unsure	Satisfactory	Very Good
Since you have completed treatment at New Day Recovery, how would you rate your family relationships?	0	0	5 56%	0	4 44%

From the data in 9B, the majority of consumers at NDR-Shreveport are unsure about their family relationships during our post-treatment measure. About 44% reported very good family relationships, which, unfortunately, **is not adequate to meet OUTCOME MEASURE #4 for NDR-Shreveport.**



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2. Invite more diverse INTERNAL stakeholders to strategic planning process.

Action Plan:

1. Organize meeting and record internal stakeholders invited.
2. Collect names of internal stakeholders who attend and the input that they provide.
3. Follow-up surveys will be utilized to gain feedback.

Indicators: Strategic plan produced and minutes record the involvement of internal stakeholders.

3. Develop data collection survey for INTERNAL stakeholders to complete so that result can be included in future performance analysis and improvement reports.

Action Plan:

1. Robert Hanser will develop a separate survey for internal stakeholders.
2. Survey will be implemented in November/December of 2020 and future years thereafter.
3. Results of surveys will be included in future performance analysis and improvement reports, beginning 2020.

Indicators: Results from internal and external stakeholder surveys will be included in the 2020 performance analysis and improvement report.

4. Develop data collection survey for EXTERNAL stakeholders to complete so that result can be included in future performance analysis and improvement reports.

Action Plan:

1. Robert Hanser will develop a survey for external stakeholders.
2. Survey will be implemented in November/December of 2020 and future years thereafter.
3. Results of surveys will be included in future performance analysis and improvement reports, beginning 2020.

Indicators: Results from internal and external stakeholder surveys will be included in the 2020 performance analysis and improvement report.



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5. Technology must be integrated into the process of gathering input and feedback from stakeholders:

Action Plan:

1. Coordinate meetings and conference calls by teleconference, Zoom, Skype, or WhatsApp to include staff, community collaborators, and consumers.
2. Use blogs and asynchronous social media to connect with stakeholders, including the recovery community.

Indicators: Email and website documentation of meetings and efforts to obtain input.

6. Training curricula on performance improvement processes and the need for routine employee input at New Day Recovery will be completed and implemented prior to 01 November, 2020.

Action Plan:

1. Identify or develop training on performance improvement in Relias Training System.
2. Robert Hanser will assign to ALL employees.

Indicators: Documented completion in Relias System or other similar function.

7. Training improvements on 1) safety practices, 2) identification of unsafe environmental factors, 3) emergency procedures, 4) evacuation procedures, 5) identification and reporting of critical incidents, 6) medication management, 7) reducing physical risks, and 8) workplace violence will be completed and implemented prior to 01 September, 2020.

Action Plan:

3. Identify or develop training modules in for each category in Relias Training System.
4. Robert Hanser and/or Debroah Franklin will assign to ALL employees.
5. Track employee completion in Relias Training System.

Indicators: Documented completion in Relias Training System.



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CONCLUSION

This report shows that NDR-Shreveport has been effective at providing services given that consumers are satisfied with services received and that they seem to fare well when considering the NDR-Shreveport program outcomes. This remains true both on pre-test and post-test measures during treatment, with follow-up post-treatment measures yet to be sufficiently collected and analyzed.

However, as one might guess, the need for improvement in specific areas have been found throughout the year, particularly in regard to the inclusion of internal and external stakeholders in both the strategic planning process as well as the performance improvement process. Further, the use of an internal and external survey as a data collection instrument has been identified by our past CARF visit in 2019. The development of this survey, administration of the survey, and the integration of the findings from this survey data **MUST** be integrated into the 2020 performance analysis and improvement report.

These items serve as recommendations for action throughout 2020, to be further examined in January or February of 2021 and place at the beginning of the NDR-West Monroe Performance Improvement Report for 2020.

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(Draft: May, 2020)

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(Draft: May, 2020)