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NEW DAY RECOVERY - WEST MONROE 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 Recovery 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 West Monroe, Louisiana (NDR-West Monroe). The demographics of consumers who have been served include males with substance abuse problems who seek detoxification assistance, inpatient treatment, and/or outpatient treatment. Women are served in the outpatient program but NDR-West Monroe does not presently have the capacity to deliver detoxification and inpatient services to females with substance abuse challenges.

In 2019, approximately 1,071 consumers (combining inpatient and outpatient) were seen with 504 being African American and another 559 being Caucasian. There were 8 consumers who reported as Latino American. During this year, no persons presented as being Asian within NDR-



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West Monroe. Of these consumers, 673 were adults of 18 to 40 years of age, another 331 were adults of 41 to 65 years of age, the remaining 67 consumers were 65 and over.

All 1,071 consumers reported to NDR-West Monroe due to alcohol and other drug addiction (AOD). Among these, approximately 974 (91.0%) reported as being dual diagnosis consumers (AOD/MH). Also, 274 consumers came to NDR-West Monroe as being homeless. Nineteen 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-West Monroe 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-West Monroe.

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 West Monroe 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 West Monroe 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 John Brooks completing testing process for LPC and LMFT, Joe Case completing one year of CIT training, and the hire of new LPC staff 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-West Monroe.

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, ideas related to expansion have included the addition of 7 new beds to the West Monroe facility, for a grand total of 39 beds. The addition of this new space was actually a time consuming process that entailed numerous approvals and considerations.

Business Functions by Program

As with the last three years, the detoxification program remains fiscally viable, though not typically the bulk of revenue generated by New Day Recovery. 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 has typically 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. With the facility being at 39 beds (rather than the traditional 16 beds of our first 3 to 4 years of operation, and the 39 bed capacity that we had after this) fiscal returns have increased.

Again, as with last year, the outpatient program has also been fiscally sound in 2019, both in terms of revenue-to-costs to operate. The IOP program has grown substantially due to the expansion of the inpatient program. Though the IOP program does not generate revenue on a level near to the inpatient program, the associated costs are much less. The overall outcome is 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

As with last year, it is clear that New Day Recovery 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. As with our past report in 2018, 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 4.40 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 4.31 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, a total of 37 such clients. Importantly, for those who choose to not go on to inpatient,



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many cite employment 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 New Day Recovery maintains 98% 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 4.93 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 4.88 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 87% 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 593 admit responses, among which 367 responses (62%) were received. Among



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the 367 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.	367	99%
2. I received feedback from staff regarding services quickly.	367	99%
3. All of my questions were answered during intake.	367	99%
4. I feel safe in the environment.	367	99%
5. I am likely to recommend your organization to others.	367	99%
6. I have been treated with dignity and respect.	367	99%
7. I am satisfied with the program orientation.	367	99%
8. My expectations in reference to admissions were fully met.	367	99%

NOTE: The above chart is out of a potential pool of 593 consumers who provided data.

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

Further, NDR-West Monroe 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-West Monroe. 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.	4.43	7.35*
2. A diminished effect of prior substance abuse impact current physiological and/or psychological functioning.	4.13	7.19*
3. Reduction in lifestyle choices that contribute to potential drug use in the future.	4.14	6.91*
4. Relationships with family and friends are supportive to recovery.	4.70	7.36*
5. Emotional functioning is stable and reflects positive affect.	3.95	6.92*
6. The quality of one’s spiritual connection or sense of purpose in life.	4.67	7.42*
7. Engages in pro-social and goal-directed behaviors that contribute to an overall healthy lifestyle.	4.05	7.30*

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-West Monroe maintains a 95% occupancy on nearly any day throughout the year.



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2. Retention rates are fairly high as most all persons who enter inpatient complete the process.
3. The direct service hours with clinical staff contact has decreased, slightly during the last quarter of this year due to the rapid growth of clients in the inpatient IP program. This will remain the case until additional staff are hired that is commensurate with the growth in inpatient population.
4. As with our report last year, there has not been a high rate of turnover among staff. Rather, a vast majority of our staff have retained employment with NDR-West Monroe and were employed during the timeframe of our previous report in 2017. However, new staff have been and, continue to be, added.

Service Access for Inpatient Program (IT)

In regard to service access, and similar to our detoxification program, 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. 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).	367	99%
It was easy to find the facility.	367	98%

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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Satisfaction with Inpatient Program (IP)

In regard to satisfaction, NDR-West Monroe provides a satisfaction survey that is collected from consumers as they prepare to leave inpatient services. Data related to responses from our exit survey for Inpatient (IP) programming are based on a potential pool of 568 admit responses, among which 414 responses (89%) were received. Among the 414 surveys received, Table 4 shows the number and percent of those who endorsed agreement or strong agreement with the item presented to the consumer, below:

Table 4: Consumer Satisfaction Survey for Inpatient Program (IP)

Question	Number Indicating Satisfied or Very Satisfied as Endorsement	Percentage of Overall Responses
How would you rate the quality of service you received?	414	99%
How well has New Day Recovery met your needs?	414	99%
Did our program meet or exceed the quality that you expected?	414	98%
My overall physical health and condition was given effective programming attention.	414	97%
The provision of medical services that were available, when needed.	414	99%
I am satisfied with the services for family-oriented issues	414	98%
How do you rate the helpfulness of individual counseling sessions?	414	98%
How do you rate the helpfulness of group counseling sessions?	414	97%
Question	Number Indicating Very Much as Endorsement	Percentage Indicating Very Much as Endorsement
How well did staff hear, understand, and respect you?	414	100%



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How well did staff work on issues that you wanted to work on?	414	99%
My therapist was a good fit for me during sessions.	414	99%
The program helped me to deal more effectively with problems.	414	99%
How likely would you recommend us to a friend in recovery?	414	99%
Question	Number Indicating Agree or Strongly Agree	Percentage Indicating Agree or Strongly Agree
Food and dietary issues were given sufficient attention.	414	99%
My physical health has improved while at New Day Recovery.	414	98%
I am happy with the person I have become after this program.	414	99%
I feel more spiritually grounded.	414	99%
I am much less likely to use drugs or alcohol after this program.	414	98%

NOTE: The above chart is out of 414 consumers who provided data and others (approximately 154, depending on the item) being missing due to departure prior to successful administration of the survey or due to respondent error in completing that item of the survey.

From the data in Table 4, it is clear that consumers are very satisfied with a variety of aspects of service delivery that they have experienced at NDR-West Monroe. 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.



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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 986 admit responses, among which 304 responses (31%) were received. Among the 304 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.	304	98%
2. I received feedback from staff regarding services quickly.	304	97%
3. All of my questions were answered during intake.	304	97%
4. I feel safe in the environment.	304	98%
5. I am likely to recommend your organization to others.	304	98%
6. I have been treated with dignity and respect.	304	98%
7. I am satisfied with the program orientation.	304	95%



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8. My expectations in reference to admissions were fully met.	304	98%
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NOTE: The above chart is out of 301 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.	4.49	7.43*
2. A diminished effect of prior substance abuse impact on current physiological and/or psychological functioning.	4.69	7.17*
3. Reduction in lifestyle choices that contribute to potential drug use in the future.	4.53	7.20*



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4. Relationships with family and friends are supportive to recovery.	5.65	7.38*
5. Emotional functioning is stable and reflects positive affect.	4.49	6.99*
6. The quality of one's spiritual connection or sense of purpose in life.	5.44	7.51*
7. Engages in pro-social and goal-directed behaviors that contribute to an overall healthy lifestyle.	4.50	7.26*

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.

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) |

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.



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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 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 (similar to 2017). This is a healthy ratio from an efficiency standpoint.
2. As with last year, retention has been difficult in IOP. Many consumers attend on a sporadic basis. IOP sessions are held 3 times per week and many consumers will come to some, but not all, sessions, each week. In some cases, some simply do not return, leaving no word or warning as to why. This has also caused holes in data collection efforts thereby impacting mean responses to outcomes.
3. The direct service hours with clinical staff contact has increased but yet, cost in staff for the Outpatient program has not increased. Some of this is due to a change in employees providing Outpatient services as well as the more effective use clinical staff scheduling. This has allowed for more individual sessions as well as couples counseling, when appropriate.
4. As with the Inpatient Program, there has been a low rate of personnel turnover among the counseling staff who tend to oversee the additional program needs. In fact, among the counselors delivering IOP services, there has been no turnover.

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).	304	98%
It was easy to find the facility.	304	97%

NOTE: The above chart is out of 304 consumers who provided data.

As can be seen in Table 7, it is clear that nearly every consumer found the referral process to NDR-West Monroe 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. New Day Recovery is in 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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How well did staff work on issues that you wanted to work on?	301	98%
My therapist was a good fit for me during sessions.	301	98%
The program helped me to deal more effectively with problems.	301	98%
How likely would you recommend us to a friend in recovery?	301	98%
Question	Number Indicating Agree or Strongly Agree	Percentage Indicating Agree or Strongly Agree (Including Missing Cases)
Food and dietary issues were given sufficient attention.	301	98%
My physical health has improved while at New Day Recovery.	301	97%
I am happy with the person I have become after this program.	301	98%
I feel more spiritually grounded.	301	98%
I am much less likely to use drugs or alcohol after this program.	301	97%

NOTE: The above chart is out of 301 consumers who provided data. Note that NDR was unable to collect the entry survey from 614 consumers, making the response 33 percent of the total persons in IOP.

As with 2018, it can be seen that there is a substantial amount of missing data from Table 8, unlike the Inpatient Program. In fact, there was even more missing data. As with the year prior, this is mostly due to the gaps in attendance that are frequent among the outpatient clients at NDR. Further, many consumers simply cease to attend without notifying their clinician or the facility.



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COMBINED 30-DAY FOLLOW-UP

Follow-up Data Collected from Those who Exited Inpatient Services

NDR-West Monroe 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. During the 3rd and 4th quarters, every 3rd client was selected for 30-day follow-up. This happened for two key reasons: 1) while preparing for our CARF visit in August (about the midpoint of the 3rd quarter), we desired to bolster the percentage of clients contacted by follow-up, and 2) The slower holiday period during the 4th quarter allowed more staff to conduct follow-up on a more intensive level.

Within the outpatient program, the same sampling process has been implemented, with about every 5th to 10th consumer being selected for follow-up after completion of outpatient services. As with our Inpatient Program, we selected every 10th consumer during the 1st and 2nd quarters while selecting every 3rd client during the 3rd quarter and the 4th quarter. The numbers collected were greatly improved for 2019 when compared to 2018.

In 2019, It was determined that a total of 492 consumers had completed inpatient treatment and deemed examination at 30-day follow-up. For the outpatient program, 289 consumers had completed the program from which a sample for 30-day follow-up interviews could be drawn. Therefore, approximately 74 prior inpatient consumers and 44 outpatient consumers would be necessary to meet the goal of interviewing at least 15% of participants in each program; a minimal total of 117 prior participants.

During 2019, a total of 61 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 **44 being successfully contacted**. Also, in 2019 a total of 297 calls and/or physical contacts were made, anywhere from 30 to 45 days after program completion, which resulted in a total of **142 inpatient consumers** providing information during the 30-day interview. In addition, approximately 202 calls and/or follow-up contacts were made with prior participants in the intensive outpatient program, resulting in **156 additional** 30-day follow-up interviews. The grand total consisted of **342 participants** as the sample obtained for 30-day interviews, which clearly exceeded both the 15% minimum and the 20% optimal sample of the total NDR-West Monroe consumers. 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:



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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?	88	254 74%
During the past month, have you continued to attend your peer-support group?	253 74%	90
Did you attend IOP after completing inpatient treatment at NDR?	235 69%	107
Since completing treatment at NDR, have you continued to pursue your spiritual beliefs and/or practices?	316 92%	26
During the past month, have you continued to do physical workouts such as running, cardio groups, or weight-lifting to improve your fitness?	174 51%	168
Since completing inpatient treatment at NDR, have you obtained employment?	258 75%	84

From the data in Table 9A, it can be seen that when compared to results in 2018, fewer consumers are reporting some degree of relapse. This is a good finding and is likely an accurate finding that has a basis in our implementing our MAT programming during 2019. In addition, it can be seen that there was only a slight dip in clients who continued to attend peer-support groups in 2019 than in 2018. The difference in these two years is not significant enough to warrant speculation.

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. However, as with last year, given that the majority of our consumers have obtained employment, the majority continued to attend peer-support groups, and given that half have continued to engage in physical exercise regimens, 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



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consider NDR-West Monroe to be successful on **OUTCOME MEASURE #1** because the majority of our consumers report sobriety.

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?	1	6	17	72 21%	247 72%

From the data in 9B, it is clear that the majority of consumers at NDR-West Monroe have satisfactory or very good family relationships during our post-treatment measure. About 93% reported positive family relationships, which reflects success on **OUTCOME MEASURE #4** for NDR-West Monroe, even during post-treatment follow-up measures.

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

Question	Terrible	Bad	Moderate	Good	Excellent
Since completing treatment at New Day Recovery, how would you rate your overall mental health?	0	3	32 9%	166 49%	141 41%
Since completing treatment at NDR, how would you rate your overall medical/physical health?	2	12	35 10%	186 54%	107 31%

In regard to mental health, approximately 90% reported good-to-excellent ratings regarding their mental health, which is more than the 87% reported in 2018. Thus, clients seem to have been improving in this area from 2017 through 2019. When adding the **moderate category**, we find



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that approximately 99% of all NDR-West Monroe consumers are doing moderately well or better on their post-treatment follow-up measures for mental health. This reflects success on **OUTCOME MEASURE #5** for NDR-West Monroe on post-treatment follow-up measures. With physical health, approximately (85%) reported good-to-excellent ratings after completing their treatment programming at NDR-West Monroe. This also is an improvement from 2018 where the overall percentage was 81% for similar ratings. Therefore, this reflects success on **OUTCOME MEASURE #2** on post-treatment follow-up measures.

Recommendations and Action Items to Implement for 2020

Given that our CARF survey occurred this year and, in response to our prior performance analysis and improvement reports, the site visitors had recommendations to include internal and external stakeholders, we have identified areas of improvement that should be given priority in 2020, based on their observations. These recommendations are as follows:

1. Invite EXTERNAL stakeholders to strategic planning process.

Action Plan:

1. Organize meeting and record external stakeholders invited.
2. Collect names of external 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 external stakeholders.

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.



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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.

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.



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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.

CONCLUSION

This report shows that NDR-West Monroe has made significant growth and is also increasingly making use of data-driven processes to track performance and implement self-improvements. As with the year before, it still appears that consumers are satisfied with services provided and that they are faring well when considering the NDR-West Monroe program outcomes. This remains true both on pre-test and post-test measures during treatment as well as follow-up post-treatment measures.

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.



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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.

A handwritten signature in blue ink, appearing to read 'Robert D. Hanser', written over a horizontal line.

Mr. Douglas Pollock
Facility Administrator
(Draft: May, 2020)

Robert D. Hanser, Ph.D., LPC-S, LAC-CCS
Director of Policy & Programming
(Draft: May, 2020)