

NEW DAY RECOVERY – SHREVEPORT PERFORMANCE ANALYSIS & IMPROVEMENT REPORT FOR 2020

Introduction

NDR-Shreveport 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 NDR-Shreveport 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 NDR-Shreveport, consumers, stakeholders, and partners who collaborate and support NDR-Shreveport'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

NDR-Shreveport is located in West Monroe, Louisiana, which is in the northeastern quadrant of the state. 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-Shreveport does not presently have the capacity to deliver detoxification and inpatient services to females with substance abuse challenges.

In 2020, approximately 582 consumers were seen with 311 being African American and another 264 being Caucasian. There were seven consumers who reported as Latino American. During this year, no person presented as being Asian within NDR-Shreveport. Of these consumers, 359 were adults of 18 to 40 years of age, another 206 were adults of 41 to 65 years of age, the remaining 17 consumers were 66 and over.

All 582 consumers reported to NDR-Shreveport due Substance Use Disorder (SUD). Among these, a full 530 (91%) reported having co-occurring mental health disorders (SUD/MH). Also, 57 consumers came to NDR-Shreveport as being homeless. Thirty-one consumers reported being HIV positive. Five had serious visual impairments and four consumers reported having some type of dementia.

UPDATES ON ACTION ITEMS FROM 2020

Upon completing our Performance Improvement Report for 2020, seven 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 2020.

1. Invite EXTERNAL stakeholders to strategic planning process.

This was partially completed by Zoom and independent meetings with various sober living homes in the area. Planning meetings were largely forestalled due to COVID-19 challenges and the need to put this as a priority rather than strategic planning with external stakeholders.

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

The use of internal stakeholders was limited to day-to-day processes as strategic planning was placed on hold due to COVID-19 challenges, including 2 sentinel events. Planning meetings were largely forestalled due to COVID-19 challenges and the need to put this as a priority rather than strategic planning with external stakeholders.

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

The data collection survey for internal stakeholders has been developed but not disseminated due to strategic planning being placed on hold from the pandemic as well as potential changes in ownership that have been deliberated for months.

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

The data collection survey for internal stakeholders has been developed but not disseminated due to strategic planning being placed on hold from the pandemic as well as potential changes in ownership that have been deliberated for months.

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

The only substantial improvement in this area was the use of Zoom for meetings and, primarily, for client services. As noted, much of the strategic planning as well as inclusion of internal and external stakeholders was put on hold this year due to COVID-19.

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

This was accomplished through Relias and by offering False Claims Act training. This was only partially completed and a more comprehensive training schedule needs to be coordinated and developed.

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.

This was partially completed but mostly in relation to circumstances with COVID-19. For example, policies required by the state impacted evacuation processes and safe practices, as well as identifying unsafe environmental issues. Some training implemented but was difficult due to challenges of the pandemic.

BUSINESS FUNCTIONS

Business Functions – An Overview

Since January of 2020, NDR has been in the process of stabilizing services, particularly in relation to COVID-19 challenges. During this year, have involved further networking with many of the recovery houses in the area. Challenges with inclement weather and the pandemic have been significant. In the process, the search for a new Facility Administrator has been a priority as well as significant hiring among nursing staff, counseling, psych. technician, and corollary staff due to substantial employee turnover.

Business Functions by Program

As with last year, detoxification program remains fiscally viable, though not typically the bulk of revenue generated by NDR-Shreveport. Its necessity is, of course, 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. While it was anticipated that COVID-19 would negatively impact stays at NDR, the opposite has turned out to be true. Nevertheless, with social distancing requirements, quarantine processes, and so forth, the overall count has been less.

The outpatient program has continued to have struggles during 2020, both in terms of demand-for-service and methods of implementation. Unlike the West Monroe facility, more clients have been observed to come from our inpatient services rather than community referrals. It is thought that a variety of issues have led to the mixed outcomes with IOP.

PROGRAM FUNCTIONS

Overview

Since January 2020 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. As with our past report in 2019, 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. During this year, NDR-Shreveport has again found it difficult to collect follow-up data via phone calls to see how consumers have progressed since discharge. For 2021, this will need to be a primary area of importance.

Program Functions – An Overview

Since January 2020 NDR-Shreveport has revamped and reworked various features related to the Detoxification Program, the Inpatient Program, and the Intensive Outpatient Program. The overarching goal has been to improve the effectiveness and efficiency of these programs while fostering a consumer-centered approach, along the way. As with our past report in 2019, 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. During this year, NDR-Shreveport improved its follow-up process by making follow-up phone calls to see how consumers are doing after discharge. While this has improved data collection, it has proven to be a difficult process.

Developments in Effectiveness by 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 average of 4.80 out of a 5 point Likert Scale ordering, with 1 indicating strong disagreement and a 5 indicating strong agreement that services met consumer expectations). 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. For most for most (around 80%) there is an observed involvement in activities of daily living at the facility that increases with time in detoxification. Indeed, many of these 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 CARF Manual.

Further, more than half of all consumers who go from the detoxification program into the inpatient program. Out of 64 persons who sought detoxification at NDR-Shreveport, 36 went on to engage in inpatient treatment. This means that 56% stay for inpatient treatment. This is a desired outcome according to SAMHSA and is also noted as a positive indicator in the CARF Manual.

Importantly, for those who choose to not go on to inpatient, 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. Some of these choose to go into Intensive Outpatient, but this is only a small amount (less than 5%).

Efficiency of Detoxification Program

The measures are usually more administrative in nature and include the following points or items of measure:

1. Occupancy rates are enhanced due to the Detoxification Program, ensuring that NDR-Shreveport maintains a 95% 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.
4. There has been a low rate of personnel turnover among the counseling staff who tend to oversee the additional program needs, aside from the medical components. In fact, among the therapists, there has been no turnover, simply the growth and addition of counseling staff, with no loss to any. Turnover among nursing and psych-tech staff tends to be higher but is not constant and any changes in staff have always occurred with suitable training time and acclimation provided.
5. As with #3 above, there has been much more service utilization by consumers in the detoxification program.

Service Access

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 average of 4.80 out of a 5 point Likert Scale ordering, with 1 being strongly disagreeing and a 5 strongly agreeing that services met consumer expectations).

Other measures 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, 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 60% when consumers complete detoxification. Most who do not utilize these extra services decline them due to other options being available that they prefer.

Satisfaction

In regard to satisfaction, NDR 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 average of 4.91 out of 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.

Currently, there is little follow-up regarding the satisfaction that consumer has with the detoxification, independent of further access into treatment. This includes both satisfaction with services after detoxification as well as progress of consumers, once they leave. This is obviously an area needing improvement.

INPATIENT PROGRAM (IT)

Effectiveness of Inpatient Program (IT)

Note that data collection during this reporting period occurred much less than the prior year due to the tumultuous circumstances, both in terms of external factors as well as internal administration and leadership issues. 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 programming are presented in Table 1, below:

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

Question	Number Indicating Agree or Strongly Agree	Percentage of Overall Responses
1. The staff did a good job in reference to customer service.	274	99.6
2. I received feedback from staff regarding services quickly.	274	99.6
3. All of my questions were answered during intake.	274	99.6

4. I feel safe in the environment.	274	99.6
5. I am likely to recommend your organization to others.	274	99.6
6. I have been treated with dignity and respect.	274	99.6
7. I am satisfied with the program orientation.	273	99.2
8. My expectations in reference to admissions were fully met.	271	98.5

NOTE: The above chart is out of 282 consumers who provided data.

From the data in Table 1, it is very clear that consumers find services at the beginning of their journey 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 come near or around 99% indicating agreement or strong agreement. However, the last question which asks the consumer to rate the quality of service that they received, ranks as a 93.5%, lower than the other response categories.

NDR-Shreveport, in observing this, has implemented efforts to identify persons, at the front end, who indicate a slightly lower overall rating when other ratings are higher, to attempt to determine the reason for this. At this time it is unknown but, anecdotal data seem to indicate that the consumer seems to provide this rating with the idea that, at the time that they are completing the questionnaire, they let apprehension about future treatment service impact their responses.

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 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.	4.00	6.67*
2. A diminished effect of prior substance abuse impact current physiological and/or psychological functioning.	3.68	6.27*
3. Reduction in lifestyle choices that contribute to potential drug use in the future.	3.70	6.11*
4. Relationships with family and friends are supportive to recovery.	4.20	6.58*
5. Emotional functioning is stable and reflects positive affect.	3.61	6.15*
6. The quality of one's spiritual connection or sense of purpose in life.	4.28	6.64*
7. Engages in pro-social and goal-directed behaviors that contribute to an overall healthy lifestyle.	3.75	6.44*

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

It is clear, 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: NDR-Shreveport 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 illicit substances and/or abusing prescription drugs, as well as the fact that 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 CARF Manual (which include the following:

- | | |
|---|-------------------------------|
| 1. Maintenance of abstinence | (<u>Measures #1 and #3</u>) |
| 2. Reduction or elimination of incidence of relapse | (<u>Measures #1 and #3</u>) |
| 3. Reduction of symptoms | (<u>Measures #1 and #5</u>) |
| 4. Improvement of physical health | (<u>Measures #2 and #7</u>) |
| 5. Increase in level of psychological functioning | (<u>Measures #2 and #5</u>) |
| 6. Quality of relationships | (<u>Measures #4 and #6</u>) |
| 7. Health status | (<u>Measures #2 and #7</u>) |
| 8. Subjective psychological well-being | (<u>Measures #2 and #6</u>) |

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

9. During their time in inpatient treatment, consumers overwhelmingly report a gradual reduction in symptoms, over time.
10. All engage in activities of daily living at the facility that increases with time in inpatient treatment. *Further, data from Measure #7 in Table 2 demonstrates that consumers perceive themselves as engaging in goal-directed behaviors that contribute to an overall healthy lifestyle.*
11. The number, duration, and frequency of symptomatic and/or asymptomatic behaviors diminish as time progresses in the inpatient program.

Efficiency of Inpatient Program (IT)

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 (IT) include the following points or items of measure:

1. NDR-Shreveport maintains a 95% occupancy on nearly any day throughout the year.
2. Retention rates are fairly high as most all persons who enter inpatient complete the process, the vast majority completing more than 20 days of participation, if not more.
3. The direct service hours with clinical staff contact has increased but yet, cost in staff for the inpatient program has not increased. Much of this improved contact-to-funding ratio has to do with the effective use of technology as well as more efficient division of counselors-to-consumer assignments.
4. As with the detoxification program, there has been a low rate of personnel turnover among the counseling staff who tend to oversee the additional program needs, aside from the medical components. In fact, among the therapists, there has been no turnover, simply the growth and addition of counseling staff, with no loss to any. Turnover among nursing and psych-tech staff tends to be higher but is not constant and any changes in staff have always occurred with suitable training time and acclimation provided.
5. There has been much more service utilization by consumers in the inpatient program. This has been achieved as NDR-Shreveport continues to network with other organizations and as staff become more seasoned and experienced in addressing multiple dimensions of needs presented by consumers.

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 1, below:

Table 3: Service Access Indicators

Question	Number Indicating Agree or Strongly Agree	Percentage of Overall Responses
I am satisfied with the referral process (locating treatment).	274	99.7

It was easy to find the facility.	272	99.0
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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, 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 fairly effective but in need of improvement. Out of 275 persons who are received for inpatient treatment, only 70 participated in intensive outpatient treatment. While some of the reason for this is due to the home location of the consumer (many come from far-flung areas of Louisiana) and their desire to return home, it is not yet clear how frequently this is the case. Follow-up data is inconclusive on how well consumers fare when they leave inpatient and reside outside of the area, at this point.

Satisfaction with Inpatient Program (IT)

In regard to satisfaction, NDR provides a satisfaction survey that is collected from consumers as they prepare to leave inpatient services. Results from this survey are presented in Table 4, below:

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

Question	Number Indicating Satisfied or Very Satisfied as Endorsement	Percentage of Overall Responses
How would you rate the quality of service you received?	257	93.4%
How well has NDR-Shreveport met your needs?	257	93.4%

Did our program meet or exceed the quality that you expected?	256	93.1%
My overall physical health and condition was given effective programming attention.	252	91.6%
The provision of medical services that were available, when needed.	256	93.1%
I am satisfied with the services for family-oriented issues	256	93.1%
How do you rate the helpfulness of individual counseling sessions?	257	93.5%
How do you rate the helpfulness of group counseling sessions?	256	93.1%
Question	Number Indicating Very Much as Endorsement	Percentage Indicating Very Much as Endorsement
How well did staff hear, understand, and respect you?	249	90.5%
How well did staff work on issues that you wanted to work on?	250	90.9%
My therapist was a good fit for me during sessions.	249	90.5%
The program helped me to deal more effectively with problems.	253	92%

How likely would you recommend us to a friend in recovery?	253	92%
Question	Number Indicating Agree or Strongly Agree	Percentage Indicating Agree or Strongly Agree
Food and dietary issues were given sufficient attention.	261	95%
My physical health has improved while at NDR-Shreveport.	261	95%
I am happy with the person I have become after this program.	261	95%
I feel more spiritually grounded.	261	95%
I am much less likely to use drugs or alcohol after this program.	259	94.2%

NOTE: The above chart is out of 330 consumers, with most providing data and others being missing due to departure prior to successful administration 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-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 Services

NDR-Shreveport has utilized a sampling process whereby consumers are randomly selected, with about every 10th consumer being selected for follow-up. This has proven to be a very difficult metric for success. Indeed, of the 31 consumers who were called, staff were only able to contact approximately 8 of these individuals. Of those individuals where contact was made, it appears that half are still clean and sober (by their own account and sometimes by that of their

family members) and the other half have either returned to treatment, are in jail or prison, or are suffering from a bout of relapse.

Follow-up Data Collected from Those who Exited Inpatient Services

New Day Recovery has utilized a sampling process whereby consumers are randomly selected, with about every 10th consumer being selected for follow-up. During 2020, this sampling process was only utilized during the beginning of the year and intermittent times throughout the year. While we experienced some degree of success in providing this follow-up in 2019, **issues with COVID-19 and increased workload due to the pandemic, Hurricanes, and quite unusual snowstorms and power outages in our region**, follow-up was not substantially provided. Because of this, we are again including this as an area of recommended improvement, as follows:

Area Needing Improvement for Inpatient Program #8: Improve follow-up data collection for persons who leave after inpatient.

Action Plan:

1. Evaluate performance of past efforts to contact consumers in inpatient.
2. Brainstorm with clinical staff for ideas to improve follow-up with clients.
3. Engage staff in this process or provide evaluator with sufficient time to complete follow-up data collection.

Indicators: Increased percentage of persons contacted with response rate of 40% being the metric for 2021.

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 inpatient programming are presented in Table 1, 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.	71	97.3%

2. I received feedback from staff regarding services quickly.	70	95.9%
3. All of my questions were answered during intake.	68	93.1%
4. I feel safe in the environment.	70	95.9%
5. I am likely to recommend your organization to others.	68	93.1%
6. I have been treated with dignity and respect.	68	93.1%
7. I am satisfied with the program orientation.	73	100.0%
8. My expectations in reference to admissions were fully met.	72	98.6%

NOTE: The above chart is out of 73 consumers who provided data.

As with the Inpatient Program, the Intensive Outpatient Program continues forward with the same seven primary outcome measures to track how well consumers continue with these goals during their outpatient experience. 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 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 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.	4.01	5.90*
2. A diminished effect of prior substance abuse impact current physiological and/or psychological functioning.	4.46	6.03*
3. Reduction in lifestyle choices that contribute to potential drug use in the future.	4.24	6.09*
4. Relationships with family and friends are supportive to recovery.	6.16	5.94
5. Emotional functioning is stable and reflects positive affect.	4.57	5.66*
6. The quality of one's spiritual connection or sense of purpose in life.	6.11	6.39*
7. Engages in pro-social and goal-directed behaviors that contribute to an overall healthy lifestyle.	4.16	6.03*

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, with the exception of item #4 related to relationships with family and friends in recovery. When probing further in some isolated cases, anecdotal data seem to indicate that much of this has to do more with a sense of distance due to the pandemic rather than a lack of family support for the individual's recovery. Regardless, these findings have generated an area of focus and attention when providing IOP services in 2021.

It is clear, when examining Table 6, 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. 93) which include the following:

- | | |
|---|-------------------------------|
| 1. Maintenance of abstinence | (<u>Measures #1 and #3</u>) |
| 2. Reduction or elimination of incidence of relapse | (<u>Measures #1 and #3</u>) |
| 3. Reduction of symptoms | (<u>Measures #1 and #5</u>) |
| 4. Improvement of physical health | (<u>Measures #2 and #7</u>) |
| 5. Increase in level of psychological functioning | (<u>Measures #2 and #5</u>) |
| 6. Quality of relationships | (<u>Measures #4 and #6</u>) |
| 7. Health status | (<u>Measures #2 and #7</u>) |
| 8. Subjective psychological well-being | (<u>Measures #2 and #6</u>) |

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

9. During their time in inpatient treatment, consumers overwhelmingly report a gradual reduction in symptoms, over time.
10. All engage in activities of daily living at the facility that increases with time in inpatient treatment. *Further, data from Measure #7 in Table 2 demonstrates that consumers perceive themselves as engaging in goal-directed behaviors that contribute to an overall healthy lifestyle.*
11. The number, duration, and frequency of symptomatic and/or asymptomatic behaviors diminish as time progresses in the inpatient program.
12. Housing situations for persons in Intensive Outpatient also seem to be addressed sufficiently as none of these consumers report being homeless. NDR-Shreveport works closely with numerous recovery homes and other facilities to assist consumers in meeting their housing needs.
13. 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.

14. Employment status is an area examined in IOP as well. Specific data are not available for this measure, unfortunately. Nevertheless, this is being included because anecdotal data for care providers suggests that the majority of IOP consumers do succeed in securing some type of employment, particularly if they are persistent. Support in getting employment is usually informal, NDR-Shreveport does not have a formal employment placement system but does refer consumers to organizations that assist with this area of need on a routine basis.
15. 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 administrative in nature. Efficiency measures used for the Inpatient Program (IT) 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. 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 as demonstrated by the missing cases in Table 6.
3. The direct service hours with clinical staff contact has increased but yet, cost in staff for the inpatient program has not increased. Some of this is due to a change in employees providing inpatient 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 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 1, 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).	72	98.6%
It was easy to find the facility.	72	98.6%

NOTE: Data for Table 7 is that received from 73 consumers who were in the Intensive Outpatient Program (IOP).

As can be seen in Table 7, it is clear that nearly every consumer found the referral process to NDR-Shreveport 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 inpatient 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.) and Monday evenings (5:30 to 8:30 p.m.) because, according to our consumers, this is the most amenable schedule for them to attend amidst work and other responsibilities.
2. NDR-Shreveport 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 with our Inpatient Program, 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, NDR-Shreveport 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.

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 inpatient services. Results from this survey are presented in Table 4, below:

Table 8: Consumer Satisfaction Survey for IOP

Question	Number Indicating Satisfied or Very Satisfied as Endorsement	Percentage of Consumers (Including Missing Cases)
How would you rate the quality of service you received?	64	88.1%
How well has NDR-Shreveport met your needs?	64	88.1%
Did our program meet or exceed the quality that you expected?	64	88.1%
My overall physical health and condition was given effective programming attention.	65	89.0%
The provision of medical services that were available, when needed.	65	89.0%
I am satisfied with the services for family-oriented issues	65	89.0%
How do you rate the helpfulness of individual counseling sessions?	64	88.1%

How do you rate the helpfulness of group counseling sessions?	64	88.1%
Question	Number Indicating Very Much as Endorsement	Percentage Indicating Very Much as Endorsement (Including Missing Cases)
How well did staff hear, understand, and respect you?	65	89.0%
How well did staff work on issues that you wanted to work on?	64	88.1%
My therapist was a good fit for me during sessions.	64	88.1%
The program helped me to deal more effectively with problems.	62	85.3%
How likely would you recommend us to a friend in recovery?	65	89.0%
Question	Number Indicating Agree or Strongly Agree	Percentage Indicating Agree or Strongly Agree (Including Missing Cases)
Food and dietary issues were given sufficient attention.	65	89.0%
My physical health has improved while at NDR-Shreveport.	62	85.3%
I am happy with the person I have become after this program.	65	89.0%

I feel more spiritually grounded.	65	89.0%
I am much less likely to use drugs or alcohol after this program.	65	89.0%

NOTE: The above chart is out of 73 consumers, with missing data from 8, 9, or 11 consumers (depending on the item of inquiry) due to the inability to collect satisfaction data due to departure prior to successful administration of the survey.

From the data in Table 8, it can be seen that there is a substantial amount of missing data, unlike the Inpatient Program. Much of this is due to the sporadic attendance that is exhibited by many IOP consumers and the fact that they sometimes will cease to attend without any notification to NDR-Shreveport. In such cases, follow-up calls are attempted to make contact but are often unsuccessful. Regardless, it is clear that of those who do complete the satisfaction survey, all of them tend to endorse each item of satisfaction.

Follow-up Data Collected from Those who Exited Outpatient Services

Within the outpatient program, a sampling process whereby consumers are randomly selected, with about every 10th consumer being selected for follow-up. For this year at NDR-Shreveport, as with our Inpatient Program, this has proven to be a very difficult metric for success. We had success in providing this follow-up in 2019 but again, issues with COVID-19 and increased workload due to the pandemic, this area of follow-up suffered greatly. Because of this, we are again including this as an area of recommended improvement. The follow-up provided was so scant as to make the data of negligible use for any type of true analysis for the 2020 operational year.

CONCLUSION

This report shows that New Day Recovery has experienced continued growth. Despite this growth and the impact of the pandemic, it still appears that consumers are satisfied with services provided and that they are faring well when considering the NDR program outcomes. However, as one might guess, the need for improvement in specific areas have been found throughout the year, particularly due to the recent growth that has been experienced. The specific recommended items of improvement have been noted in this report after the Business Section and after each of the three types of accredited programs. These items are listed, again, following this conclusion for 2021, as recommendations for action throughout 2021, to be further examined in January or February of 2022.

Recommendations and Action Items to Implement

As noted earlier, the various recommendations for 2020 that were supposed to be completed have been seriously delayed due to COVID-19. Further, late in 2020 the likelihood of a change in ownership left the strategic planning process in a state of flux, to some extent. Thus, minimal progress was made on the seven key recommendations were provided as action items for New Day Recovery.

The data collection survey for internal and external stakeholders were developed but not they have not been used, yet. These two surveys are available for use and will be administered during the 2021 operational year.

The other remaining items are listed as “recommendations” and include an overview as to what will need to be accomplished under each throughout 2021.

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.

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, 2021.

Action Plan:

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

Indicators: Documented completion in Relias Training System.

8. Improvement on follow-up data collection for persons who leave after inpatient.

Action Plan:

1. Evaluate performance of past efforts to contact consumers in inpatient.
2. Brainstorm with clinical staff for ideas to improve follow-up with clients.
3. Engage staff in this process or provide evaluator with sufficient time to complete follow-up data collection.

Indicators: Increased percentage of persons contacted with response rate of 40% being the metric for 2021.

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(Draft: March, 2021)

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