

WHAT WE KNEW

Admissions to New Leaf Baseline 04/01/02 – 03/31/03

Total	55 (20.7%)
Less than 2 days	22 (8.3%)
30 – 7 days	33 (12.4%)
Reason For Discharge	
AMA	32 (58%)
Transferred to Lower Level of Care	15 (27%)
Transferred to Detox	2 (4%)
Other	6 (11%)
Total Admits	266

WHERE WE LOOKED

- Walk Through
- Client focus groups
- Survey of clients generated by focus group
- Survey of families generated by client focus group
- Peer Sponsors

WHAT WE FOUND OUT

- Sense of being processed rather than welcomed
- Initial Isolation, loneliness, fear, and abandonment
- No one to talk to on first day – staff or peer
- Not allowed to call family to let them know how I am doing
- Long wait for room assignment and personal effects

WHAT WE WANTED TO DO

Reduce the number of AMA discharges from New Leaf in the first two days after admission

WHAT WE DID

Change Process

- Enhanced peer support at admission and revision of role of “peer sponsor”
- Addition of day time clinical support position to provide orientation and rapid room assignment
- Support staff combined clients’ luggage search with helping client “put away her things”
- Provision of client choice: may spend time with staff or a peer, may attend groups with peer or be allowed some time to rest alone
- Allow first night call to family
- Family or friend allowed to be a part of the admission process
- Provision of map and directions to family and friends to assist in finding the facility for visiting days
- Staff report peer sponsors concerns and suggestions at weekly staff meeting
- “Welcome letter” book being built for new admissions to read

SURVEY OF WHAT THE CLIENTS THOUGHT

Survey	Pre (n=26)			Post (n=20)		
Questions	Agree	Undecided	Disagreed	Agree	Undecided	Disagree
I felt alone & isolated	38%	8%	54%	15%	20%	65%
I needed someone to talk to - staff	54%	15%	31%	NA	NA	NA
A staff member was available to talk to & ask questions	NA	NA	NA	90%	5%	5%
I needed someone to talk to – peer	62%	19%	19%	NA	NA	NA
A peer was available to talk to & ask questions	NA	NA	NA	90%	10%	0%
	NA =	not asked at	both time	points		
Staff helped me to feel comfortable	46%	27%	27%	90%	10%	0%
Staff helped me to understand what was going to be expected of me	39%	23%	39%	85%	10%	5%

Questions	Agree	Undecided	Disagreed	Agree	Undecided	Disagree
I was offered to call my family or friends to let them know how I was doing	35%	4%	62%	80%	5%	15%
I was able to go to my room & put my clothes & personal items away soon after arrival	50%	8%	45%	95%	0%	5%

WHAT HAPPENED?

- **The first five weeks of the change process produced great results**
- In late May, the chaos of the disease broke out in the program and it was necessary to assert a number of controls, producing a series of AMA's and disciplinary discharges
- We started over with new client focus group and surveys

New Leaf discharges	Baseline 4/1/02 – 3/31/03	Interim 4/7/03 – 5/20/03	1 st Change Exercise 4/7/03 – 9/30/03
TOTAL	55 (20.7%)	2 (6.1%)	23 (17.5%)
Less than 2 days	22 (8.3%)	0	6 (4.6%)
3-7 days	33 (12.4%)	2 (6.1%)	17 (13%)
Reason for Discharge			
AMA	32 (58%)	1 (50%)	14 (61%)
To lower lever	15 (7%)	1 (50%)	8 (61%)
To Detox	2 (4%)	0	0
Other	6 (11%)	0	1 (4%)
Total Admits	266	33	131

WHO WE ARE

Fayette Companies provides behavioral health care for mental illness and addiction disease in an effort to “engage people in a life of recovery and help them live their lives well.” Its goal is to use evidence based treatments in an integrated approach to recovery management.

THE FIRST CHANGE TEAM:

Mike Boyle, Maggie Renteria, Patricia Stenson, Tom Murphy, Elaine Hubbell, Deborah Oberg, Patrice Kennedy

THE CHANGE TARGET

One of Fayette’s programs is White Oaks New Leaf for Women. It is a 32 bed residential program for adult women with addiction disease. New Leaf provides 16 beds for pregnant and postpartum women with their infants. Accepts referrals from Count Drug Treatment Court, Federal Probation, Illinois Department of Child Protection, TANF, and the general public. In the 2 months just past, there were 86 unduplicated admissions, of which about 50% are under 30 years of age. 26% were African American. The primary diagnoses were 23% Alcohol, 54% Cocaine, and 23% other drugs. 9 were pregnant and 4 postpartum.

THEN WHAT?

- Expanded our target to first seven days
- Brainstormed with all clinical and support of the treatment program as well as central intake to produce ownership by entire staff
- Enlarged our change team to include intake personnel, as well as the manager – receptionist, intake clinician, and outreach worker
- Change Team prioritized staff suggestions
Krista McMahon, Tom Murphy, Deborah Oberg, Patrice Kennedy, Laura Elkins, Stephanie Crooks, Patricia Stenson, Maggie Renteria, Mike Boyle

THEN MORE CHANGES

- Total elimination of “blackout” week for phone calls and visitors
- Provision of a welcome package of stationary, envelopes and stamps
- Recovery Vouchers / One a day for seven days redeemable for a gift certificate (a contingency management approach)
- Verbal praise from all program staff for any positive behaviors (A return to confrontation)
- Moratorium on Friday admits (47% of those leaving in the first seven days were admitted on a Friday)
- MI intervention for those thinking about leaving (for clinicians and another for support staff)
- Supportive return visit to New Leaf and to newly admitted individuals by Crossroads staff

BIG QUESTION FOR THE NETWORK

What are some ways to minimize the loss of clients when chaos and instability threatens the therapeutic environment??