

**CENTRAL STATE HOSPITAL  
COMPREHENSIVE PLAN ON RECOVERY  
( 8/29/07)  
OIG REPORT #137-07**

CSH will endeavor to enhance the extent to which the experience of those individuals served reflects the principles of recovery, self-determination, person-centered planning and choice in the following areas:

**Role of Senior Leadership**

The Hospital Director led hospital leadership in the development of the 2007 Strategic Plan for which the cornerstone was full integration of recovery principles into the operation of all hospital programs to the fullest extent possible.

Dr. Davis, Hospital Director, appointed Dr. Forbes, the Hospital Medical Director to lead recovery efforts.

Dr. Forbes chartered a Recovery Work Group to formulate and integrate specific goals of recovery into CSH programs, addressing each of the 7 areas of focus delineated in the recommendations from OIG Report #137-07. The work group is comprised of representatives of all the clinical disciplines, staff development and training, individuals receiving services, the WRAP coordinator, and others involved in program implementation.

The Leadership Team will receive regular reports from the Recovery Work Group at Department Manager meetings including resources needed to implement the project goals and will support the work of the group by assuring inter- and intra-departmental cooperation.

Leadership will make a concerted effort to ensure that all committees and work groups involved in hospital planning activities have representation from individuals being served.

**The overall goal of the Central State Hospital Recovery Transformation Initiative is to increase patient ownership of recovery through enhanced participation in the planning and implementation of treatment, and to train and support all staff in working towards and celebrating patient recovery.**

GOAL	STRATEGY	MEASURE	TARGET DATE	CHAMPION
1.1 Recovery transformation will be evident throughout the CSH facility and programs	Hospital leadership will maintain a focus on recovery transformation in all strategic planning efforts.	Recovery and empowerment efforts will be seen as a high priority in Annual Strategic Plans	7/15/08	Dr. Davis
1.2 Senior leadership will take ownership of the recovery transformation	A senior member of the Leadership Team will be appointed and supported by the CEO to lead transformation efforts	Employee Work Profile of assigned individual will indicate significant time allotted to transformation efforts.	10/15/07	Dr. Davis
1.3 Recovery-based principles will be infused throughout upper and mid-level management	There will be regular and ongoing discussions of recovery related issues in leadership and department heads meetings	Agendas and minutes of leadership and department head meetings will document recovery-related issues being discussed.	7/15/08	Ms. Bailey
1.4 Hospital CEO's leadership and participation will be visible in the transformation process	CEO will include recovery transformation in supervision with each of his direct reports and will provide creative support in the spread of recovery principles through the organization	EWPs, Self-Assessments, and Annual Evaluations will show evidence of recovery transformation activities being a high priority at Central State Hospital	10/15/08	Dr. Davis
1.5 Recovery principles will be increasingly evident in the day-to-day life of Central State Hospital	Recovery concepts, principles, and language will be incorporated into policies, forms, and other hospital documents	Ongoing periodic review of more than 30% of hospital policies each year will indicate required attention to inclusion of recovery principles	7/15/08 7/15/09 7/15/10	Ms. Bailey

1.6 Funds and other resources will be made available for recovery initiatives	Leadership will prioritize recovery initiatives in hospital budget, and will support the seeking of alternative funding outside hospital budget (i.e. grants, interagency collaboration, etc)	Department budget requests will include funds for specific recovery projects and general support	7/15/09	Mr. Lehman
1.7 Patients will have input and be involved in hospital committees and operations	Patient council (Lunch Bunch) will be continued, and will be expanded to forensic areas. Patient volunteers will be sought for participation in other hospital planning activities.	Minutes of council meetings and other hospital committees will document increasing patient involvement.	1/15/08	Dr. Forbes

**Workforce Development**

CSH has a trained WRAP facilitator who coordinates the WRAP programming. A recovery course, taught by the WRAP Coordinator, has been added to the employee orientation. Both the WRAP Coordinator and the Training Manager sit on the Recovery Work Group and will be looking for opportunities to add to or refocus the training.

As recovery principles are integrated, the work group will assess need for additional development/training activities.

Recommendations for additional training will be brought directly to the hospital leadership team by the work group representatives.

GOAL	STRATEGY	MEASURE	TARGET DATE	CHAMPION
2.1 Administrative, clinical, and support staff will have a shared definition of recovery	Recovery Work Group will develop and circulate a workable definition of recovery	Draft of definition will be presented to Hospital Leadership for discussion	10/15/07	Dr. Yaratha
2.2 All hospital employees will have a basic understanding of recovery principles	Recovery principles will be introduced to all new employees during orientation	Training calendar will include session on recovery during new staff orientation	1/15/08	Ms. Bradley
2.3 Hospital staff will have a growing knowledge and understanding of recovery principles	Recovery training for all staff will be developed and provided on an annual basis as part of mandated training	Training records will indicate completion of recovery training no less than annually for all employees	7/15/08	Ms. Bradley
2.4 Training and treatment resources will be available for all staff and patients	<i>A Recovery Library-Without-Walls</i> will be developed that will include print, online, and audio-visual resources	A listing of holdings will be on the hospital intranet	7/15/08	Ms. Booth
2.5 Central State Hospital will be a recovery training resource for the community, the region and the state	Central State Hospital will host regional trainings with local and national speakers, coordinated with Region IV CSBs, hospitals, and behavioral agencies	Announcements, brochures, programs, and evaluations will document the events	7/15/08	Ms. Nofsker
2.6 Current and former patients will be a part of the CSH recovery training team	Patients will be recruited, supported and trained to participate in workforce development activities	10 staff training sessions have included patient(s) on the training team	7/15/08	Ms. Bradley

## **Treatment Planning**

The long term goal is to evolve from a plan developed by the treatment team with input from the patient to a plan developed by the patient with input from the team.

The work group will identify the most critical barriers to assuring that all individuals have real influence on the development of his or her goals and treatment plans and will develop subcommittees to work on the barriers in order of priority.

The current system for assuring that family members or other people significant to the individual are encouraged to attend planning meetings will be reviewed for comprehensiveness and effectiveness and improvements made, as indicated.

Recovery leadership will work through the Region IV Consortium to assure that CSB liaisons are present and participating in team meetings and are helping to focus the meetings on what will happen after discharge from CSH.

The work group will review how to best integrate WRAP plans into the treatment plan.

GOAL	STRATEGY	MEASURE	TARGET DATE	CHAMPION
3.1 Treatment planning will be transformed to a person-centered and recovery based system.	A top-down review of current treatment planning policies, procedures and forms will be initiated	Treatment planning workgroup will be chartered. Agendas and minutes will document progress.	1/15/08	Dr. Forbes
3.2 Patients are the center of treatment planning efforts in a recovery environment	Patients will be encouraged to actively participate and express choice in treatment planning activities	60 Treatment and WRAP plans will be audited to assess the degree of active participation of the individual in treatment planning	7/15/08	Ms. Barker
3.3 Assessments will show increased focus on the strengths and skills of patients	Clinical staff will be trained in strengths based assessment	Training records and annual evaluations of at least 30% of clinical staff will document participation in training	7/15/08 7/15/09 7/15/10	Dr. Moore



**Design of the Clinical Record**

As indicated above, WRAP plans will be integrated into the treatment plan to improve the plan’s focus on the whole person and the individual’s goals. DMHMRSAS Central Office will be asked to review the mandated discharge planning documentation for consistency with recovery principles.

DMHMRSAS is currently actively planning an Electronic Health Record (EHR) and CSH will continue to have representatives on the planning work groups. CSH will follow the Department’s leadership in planning for a clinical record that will reflect a real partnership between the individual and his or her team.

GOAL	STRATEGY	MEASURE	TARGET DATE	CHAMPION
4.1 Clinical records will document strengths based assessment, quality person-centered treatment planning, and consistent participation and choice by the patient	Clinical Record Work Group will be chartered with assignment to review current CSH medical record and those of other state and private hospitals, and to make recommendations on changes and improvements	Work group charter, minutes of 3 committee meetings describing discussions, with at least one presentation to hospital leadership.	7/15/08	Dr. Albright
4.2 Electronic health record development will have meaningful input from line staff and patients	Local planning and CSH beta-testing of any new EHR will solicit feedback from local users and patients	Surveys of users and patients will demonstrate at least 50 % having had opportunity for input in development process	7/15/10	Dr. Yaratha

**Resident Activities and Opportunities**

The Lunch Bunch was originally developed in the Civil Program as a forum for representative peers to bring ideas, requests, and recommendations to hospital leadership. This program of self- and peer-advocacy has been expanded to both programs in the Maximum Security Forensic programs (Buildings 96 and 39). These Lunch Bunch programs have an ongoing role in examining the programming, activities, and resources, assessing their effectiveness, and identifying opportunities for improvements. They will continue to provide meaningful input to hospital leadership in decisions that effect those served.

A plan will be developed to pursue additional employment opportunities, both inside the hospital and in the community. Liaison work will continue with the CSBs in an effort to partner in employment and volunteer initiatives.

GOAL	STRATEGY	MEASURE	TARGET DATE	CHAMPION
5.1 Patients will have meaningful opportunities to contribute to community life at Central State Hospital	<i>Lunch Bunch</i> patient councils will be expanded to all civil and forensic buildings, allowing patients and staff to actively participate in planning for hospital activities.	Minutes of active Lunch Bunch meetings; survey of participants will demonstrate more than 90% had meaningful opportunities to contribute	7/15/08	Ms. Booth
5.2 Central State Hospital will have an atmosphere of increased freedom where possible	Nursing, Environment of Care, and Safety Committees will explore decrease in use of locked doors in civil settings.	Minutes of these three committees will be reviewed with evidence in at least two committees of discussions and plans.	7/15/08	Ms. Grecco

5.2 Central State Hospital will have an atmosphere of increased freedom where possible	Leadership will explore possibility of independent living residential program or other means to fully develop independent living skills	Department Heads Meeting agendas and minutes will be reviewed for development of project plan	7/15/08	Dr. Forbes
5.3 There will be increased opportunities for patients to interact with peers in varied settings to promote peer support.	On-campus teleconferencing will be utilized to facilitate interaction between forensic and civil patients.	Recovery Work Group minutes will be reviewed with at least ten collaborative meetings each year	7/15/08	Dr. Yaratha
5.3	Increase transportation and staffing resources so that patients can participate in treatment and recreational activities in community	Department Heads Meeting minutes	1/15/08	Mr. Chu
5.4 Patients will have opportunities for volunteer and paid work experiences on and off campus.	At appropriate stages of their recovery, patients will be provided with needed supports in locating and accessing work opportunities.	Number of inpatients that are working in paid or volunteer settings on and off campus will increase by 20 %.	7/15/08	Ms. Nofsker
5.5 Patients will maintain a connection to the community to decrease barriers to re-entry.	Patients will have access to books, journals, audiovisual materials, and online resources that will serve to maintain contact with the culture in the community.	All ward rules will be reviewed with at least 90 % including access to reading and listening resources; patient surveys will show at least 50 % had access	7/15/08	Ms. Booth

**Community Relations and Other Areas for Enhancing the Recovery Experience**

The work group will develop and implement one or more “valued roles” for peers at CSH.

An assessment of available supplies, resources, and activities that support or promote recovery will be done and needs identified and prioritized, with recommendations presented to hospital leadership.

GOAL	STRATEGY	MEASURE	TARGET DATE	CHAMPION
6.1 We will enhance the quality of our recovery services by employing self-identified persons in recovery and family members in meaningful positions at Central State Hospital	Leadership will explore barriers to hiring patients and family members in traditional and non-traditional roles	Department Head Meeting agendas and minutes	1/15/08	Dr. Davis
6.1	We will develop two or more positions as peer support/WRAP counselors with consideration of grant funding from community agencies or foundations	Employee Work Profiles	7/15/08	Ms. Nofsker
6.2 Central State Hospital will be seen as a major resource in the recovery community	We will develop a patient/family/provider-friendly resource system with information on local, regional and national recovery-oriented services.	Resource manual outline;  Website blueprint	1/15/08  7/15/08	Dr. Forbes

## **Summary**

CSH has made a significant stride in its attempts to move to recovery-based treatment with the charter of its Recovery Work Group. They have laid the foundation by developing a charter and by deciding on a definition of Mental Health Recovery at CSH. They are still setting the specific objectives and will be identifying measurable outcomes. This is a work in progress and there is much energy and enthusiasm. This “comprehensive” plan will continue to be fleshed out as they continue their work.