

RECOVERY TRANSFORMATION AT CENTRAL STATE HOSPITAL

February 2011 Plan Update

Recovery transformation efforts have continued at Central State Hospital. In February 2011, CSH re-administered the Recovery Survey. The previous survey from 2010, had a limited n (n=29) which only represented the opinions of individuals in our Civil program. Our Civil population represents approximately one third of our total population. The other two thirds of our population are served in the maximum security Forensic Program; therefore, we wanted to ensure that this population was represented in the sample. The February 2011 survey yielded 145 responses representing both of our programs (civil n=44; maximum security n=101). When adding the maximum security population, there were some response variances that we expected due to the differing situations of these individuals.

Many of the individuals in Maximum Security are here for Restoration and/or court ordered Forensic Evaluation; therefore, their perceived involvement in their own Treatment Planning and/or goal setting may be significantly less. This program also serves many individuals from Jails, who will be returned to jail; this fact will certainly reduce the perception of these individuals' input into discharge options.

After reviewing the data, many of these expected variances were, in fact, seen. When the data was viewed in aggregate, we noticed that our scores on several elements had changed, giving the appearance of less choice. We then separated out Civil vs. Maximum Security and realized that this new population responding to the survey was significantly skewing these results.

Although, there were areas where we expected variances between our two programs, there were other areas that should not be affected by an individual's Forensic circumstances. However, the data showed some significant variances in these areas, as well (see below).

Survey Element	2010 Survey Results (% saying 'Yes')	2011 Survey Results (% saying 'Yes')	
		Civil	Maximum Security
Opinions of Care			
Do you believe that your mental health condition will improve- that you will get better?	83%	87%	68%
Do you think the staff here at this hospital believe your mental health condition will improve- that you will get better?	61%	72%	53%
Is there someone- anyone- at this hospital you can count on most to help you? Someone that you really trust and relate to, and talk to?	79%	75%	43%

Many of the Recovery Goals and initiatives that have been in place at CSH over the past years have been very successful. Many of these initiatives are no longer separate "Recovery" initiatives, but rather, just how things are done at CSH. For a full overview of these initiatives, see "Ongoing Recovery Initiatives" below. Based on the most recent Recovery Survey results (shown above) we have focused our goals for 2011 primarily around the areas showing

significant variances between civil and maximum security forensics. Our Goal for to 2011 is to **Increase Hope**, especially as an added focus in our Maximum Security program. To accomplish this, we have established the following objectives:

- 1. Explore opportunities to replace ‘Treatment’ with “Recovery”. This will include not only the words themselves, but the focus of the activity and/or documentation. (I.e. Recovery Malls vs. Treatment Malls; Recovery Plans vs. Treatment Plans; Recovery Plan Reviews vs. Treatment Plan Reviews.) It is our hope that by focusing on Recovery (vs. treatment) we will see an increase in the belief that our clients will improve (on the part of clients and staff).**
- 2. Continue to promote Recovery Transformation through posters and electronic bulletin boards throughout the hospital. Evaluate the existence and use of Recovery focused materials available and/or displayed within the Maximum Security program.**
- 3. Explore opportunities to further incorporate Recovery concepts into training (both new employee orientation and annual training) with specific attention to any training that may be unique to the Maximum Security Program.**
- 4. Explore opportunities to incorporate Recovery concepts into the unique hospitalization episodes of individual’s admitted for restoration, evaluation, etc. to the Maximum Security Forensic Program.**

It is our expectation that through these actions we can Increase Hope, both for the individuals served and the staff, assisting them in their Recovery journey. We anticipate increasing the individual and shared belief that individuals receiving care at CSH will improve, will get better, and can Recover. Additionally, we look forward to reducing the significant gap in perception between our two distinct (Civil and maximum security Forensic) populations.

Ongoing Recovery Initiatives:

	Goal	Strategy	Target Date	Responsible Staff	2011 Update
	Leadership				
1 a	Hospital leadership will maintain clear focus on recovery transformation in all strategic planning efforts	Recovery transformation on agenda of annual strategic planning retreat	Ongoing	Hospital CEO	ongoing

Goal		Strategy	Target Date	Responsible Staff	2011 Update
1 b	Members of Leadership Team will be active participants and provide active support of all recovery efforts	Medical Director, Rehabilitation Director and Director of Risk Management and Quality Improvement active on Recovery Steering Committee	Ongoing	Hospital CEO	The Leadership Team has given it full support plus fiscal backing needed for requested Recovery activities. Many of the Leadership Team members participated in the Major Recovery Events sponsored by the Recovery Committee.
1 c	Recovery transformation will be regularly discussed in meetings of hospital leadership.	Recovery updates on the agenda of Department Heads Meeting on a scheduled bimonthly basis; recovery related issues will be identified in other discussions among hospital leadership and hospital departments. Recovery initiatives, challenges, and successes will be reported to the Medical Executive Committee on a scheduled (quarterly) basis.	Ongoing	Medical Director	Although discussions continue and Recovery continues to be integrated into the culture, formal reporting of initiatives, challenges, and successes has not been as structured as planned. In 2011 we will continue to strive to meet the stated reporting frequencies.
1 d	We will communicate recovery transformation as high priority throughout facility	Recognize and reward recovery efforts through BRAVO and other current staff recognition programs; identify and acknowledge individuals in the CSH community who exemplify recovery successes	Deferred	Hospital CEO	Recognizing individuals (peers &/or staff) has proven challenging for this and other initiatives (s/r reduction, cultural competence, etc.); However, we have successfully created opportunities for Individuals to share their recovery stories and success. We will continue to create opportunities for individuals to share recovery successes. Individual staff recognition is being deferred and will be revisited as part of a larger staff recognition initiative.
1 e	Facilitate staff and individuals' feedback of recovery message	Employee Forum will be utilized to discuss recovery program developments and provide feedback to leadership; Lunch Bunch will continue to provide opportunity for CEO to meet with individuals receiving services from both civil and forensic on a regular basis	Jun-11	Hospital CEO, Human Resource Director	This goal will be incorporated into our efforts in 2011; with a specific emphasis on expanding the Recovery message into maximum security forensics.
1 f	Leadership Team will ensure that hospital policies increasingly reflect recovery principles and	Policy review process amended so that drafts and updates will be reviewed by department heads for recovery language and principles, emphasizing choice and lack of needless coercion		Risk Management /Quality Improvement Director	Ongoing Policies will be amended as needed when they come up for periodic reviews.

Goal		Strategy	Target Date	Responsible Staff	2011 Update
	values				
Workforce Development					
2 a	All CSH staff will have an awareness of recovery principles and efforts	Recovery principles introduced in new staff orientation as well as in annual training	Ongoing with annual reviews	Training Director	We are making efforts to identify consumer members who are current receiving services and/or have been recently discharged that can regularly participate in monthly training and orientation activities.
2 b	Staff will have opportunities for self-directed learning	Consumer and staff libraries will purchase books, videos and other materials related to recovery and empowerment; staff will have access to online courses on recovery related topics	ongoing	Medical, Training and Rehabilitation Directors	We continue to identify opportunities to combine the efforts of the Alternatives to Seclusion & Restraint Grant Committee and the Recovery Transformation efforts. In this way, CSH has been able to increase the resources for all consumer libraries as well as the Treatment Mall Resource Rooms. Resources that were available through the recent "Yes We Can Workshop" were made available to all 3 consumer libraries.

	Goal	Strategy	Target Date	Responsible Staff	2011 Update
2 c	CSH will become recovery resource for regional partners	Central State Hospital will plan and host two regional trainings for staff of hospital, CSBs, other community programs, and local colleges	ongoing	Medical Director	<p>1. CSH hosted a 5 days training and earned certificate for WRAP (Wellness Recovery Action Plan) facilitator training for 5 individuals. This included 3 current consumers of our services and 2 staff that facilitate WRAP group training. We currently have 5 WRAP classes which involves about 35 to 40 consumers.</p> <p>2. About 18 to 20 of CSH Consumers attend and participate in the following community based Recovery groups, chesterfield County Peer Empowering Peers and the VOCAL Central Peer Connect. At least one time per year CSH host a monthly meeting of the Central Peer Connect.</p> <p>3. New Resource materials were purchased from the Copeland foundation that included Spanish version of the WRAP booklets, new videos for instruction for WRAP facilitators as well as copies of the WRAP facilitator training manuals, the book "Firewalkers" and well as Choice in Recovery. Materials are available through our libraries, staff resource rooms as well as in the WRAP classes rooms.</p>
2 d	Consumers will be given significant role in recovery training efforts	Current and alumni consumers will be selected, trained, supported and mentored in training skills, and will be training team members in new staff orientation and annual training	Ongoing	Training Director	During this review period a video tape of a CSH consumer recovery story was completed so it can be used in all new employee orientation classes. (other opportunities continue to be considered)
2 e	Staff will be able to demonstrate working knowledge of recovery	Staff will be evaluated annually for knowledge and understanding of recovery principles as part of employee work profile review.	Ongoing	Human Resources Director	The goal for 2011 (Increase Hope) definitely includes an educational component. Therefore, we hope that evaluations in 2011 will show an even better understanding of Recovery principles.

Goal		Strategy	Target Date	Responsible Staff	2011 Update
2 f	Staff will openly examine ethical issues related to and resulting from recovery transformation	Ethics Committee will have at least two sessions annually for campus staff with a recovery related topic or case review	ongoing	Ethics Committee Chair	The goal is to organize two session per year; However, all presentations include "Recovery" concepts.
2 h	Clinical staff will increase their knowledge base and competencies concerning recovery and empowerment.	1) Central State Hospital will host recovery related continuing medical education events at least two times each year. These events will be open to mental health professionals from other agencies in the region.	ongoing	Medical Director	ongoing
2 i		STRATEGY 2) Clinical departments and treatment teams will have ongoing training on recovery principles and development of recovery focused treatment plans	Sep-11	Medical Director	Recovery Focused Treatment Plans will be a major priority in 2011. Recovery Concepts and language will be incorporated into Tx planning, regardless of forensic status.
Treatment Planning and Clinical Record					
3 a	The treatment process will become consumer centered and recovery focused	A workgroup will be established to continue planning and implementation of changes in the treatment planning process and its documentation. Current consumers will be included in the workgroup. Treatment planning policies to be updated with recovery focus. Treatment plan forms will be redesigned.	Sep-11	To be named	(See 2i above)
3 b	Consumers will be encouraged and supported to have increased involvement in the treatment planning process	Upon admission, each individual will be assigned a recovery coach who will provide individual orientation and preparation prior to the team meetings.	deferred	Social Work Director	As we work to Increase Hope in 2011, we will continue to evaluate the possibility of integrating some sort of 'recovery coach' into our process.
3 c	All clinical staff will be trained in strengths based assessment and trauma informed care	Available training curricula will be reviewed. Initial training and quarterly updates will be completed.	ongoing	Psychology Director	Trauma Informed Care Assessment was revised and training was conducted in May 2009.

Goal		Strategy	Target Date	Responsible Staff	2011 Update
3d	Individuals will have active involvement of family and other natural supports	With the individual's permission, family members will be personally contacted as early as possible in the hospitalization and encouraged to participate in assessment and planning	Ongoing	Social Work Director	ongoing
3e	Formal and informal peer support will be evident in the treatment planning process	Increase availability of <i>Wellness Recovery Action Plan</i> groups, manuals, videos and other materials on the wards and in the malls.	ongoing	WRAP Facilitator	(see 2c above)
3f	We will increase the availability of trained peer supports in the hospital	Appropriate training will be identified. The facility will support training of consumers in certified peer support courses in the community. Draft for this peer support training effort has been completed.	revised/ongoing	To be named	(see 2c above)
3g	Hospital staff will have increased understanding of benefits of peer support	Recovery orientation for new staff and annual staff training will include module on importance of peer support. Training team will include current or recently discharged individual(s)	ongoing	Training Director	
Residential Life					
5a	Residential settings will be improved with positive environmental changes	Nursing, Hospital Administration, and Environment of Care Committee will work with individuals to improve atmosphere and appearance of residential and care areas.	Ongoing	Environment of Care Committee Chair	With combined efforts of the current consumers, hospital administrative staff and members of the Alternatives to Seclusion & Restraint Committee, several improvements including new paint colors, light fixtures and furniture has been added to the living areas and treatment malls. In addition, the hospital has created several "comfort rooms" that allow additional spaces and choice for consumers to use during non-treatment hours.
5b	Recovery education and discussion will be extended to and encouraged in the residential areas of the hospital	We will develop a "Recovery Corner" on each ward with posters, newsletters, brochures, photographs, and recovery stories exhibited.	ongoing	Nursing Director	We have been able to increase the resources for all consumer libraries as well as the Treatment Mall Resource Rooms. Resources that were identified through participation in community conferences were made available to all 3 consumer libraries.

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5 c	Individuals will have increased opportunities to learn to deal with stress, anger, agitation and other problem emotions in the living areas with new stress management tools	Comfort rooms, comfort areas, sensory stimulation, music, games, etc will be made available on all wards. Currently two comfort rooms have been identified and furnishings have been ordered. Other new furniture (beanbag chairs, rocking chairs, etc) have been received. Personal music players, video games, and biofeedback equipment are being ordered	Ongoing	Seclusion and Restraint Alternatives Committee Chair	Over the last three years CSH has evaluated a variety of comfort items; we have utilized Grant funds to furnish comfort rooms and purchase those items that have proved the most useful.
5 d	Individuals will experience the giving and receiving of support in the community	Individuals will have opportunities to lead and participate in on-ward support groups. Small evening support groups have been started in each building with staff present only for support. Individuals rotate group leadership. Individuals also have opportunities to attend twelve step groups on grounds and in the community.	ongoing	Social Work and Psychology Staff	
5 e	Increase community exposure with updated listing of activities and opportunities	We will increase the affiliations with community peer support and recovery organizations and use these networks to provide additional opportunities for consumers to participate in a variety of recovery activities and the life of the community. Consumers have attended meetings of the Recovery Education Work Group in Chesterfield, and Peer Connect in Richmond.	Ongoing	Rehabilitation Director	During the past few months the hospital has been involved with several local CSB's Recovery Efforts in order to empower and encourage the CSH consumers towards their own road to recovery. Each month consumers from CSH attend and participate in the Chesterfield Recovery and Peer Empowering Peer Meetings. During Oct. 2009, consumers from CSH participated in the Chesterfield Recovery Conference, "YES I CAN". Monthly CSH consumers attend and participate in the Richmond Central Peer Connect Meetings. In April of 2009 CSH hosted consumers from the Hanover CSB and their Recovery Committee. During this period we have an average of 15 consumers that attend 2 to 3 time weekly day programs at varies community club houses. (see 2C above for 2011 update)

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5 f	There will be increased involvement of consumers in planning, committees, evaluation activities.	Regularly solicit involvement of consumers in ward and staff committees.	ongoing	Medical Director	This continues to be an ongoing challenge because few consumers choose to participate and often are the people that are approaching discharge. A volunteer advocacy training class is being considered which could be a source of support and training for individuals who might become volunteers for hospital committees.
5 g	Areas for improvement as relates to the recovery experience will be invited and identified	Consumer members on the Recovery Steering Committee (RSC) will solicit ideas from all patient areas in the hospital. A bimonthly patient survey, using selected items from OIG instruments, will be initiated with results brought to Steering Committee. The Patient Relations Department will identify problem areas through a review of complaints received, and will be presented to the RSC.	Deferred/ ongoing	WRAP Facilitator, Patient Relations Director	The Patient Relations department continues efforts in this area;