

2011 Update: Central State Hospital (CSH) will be conducting the Recovery Survey again in January 2011. The results of that survey will be compared to the most recently published aggregate data for DBHDS. The variances between our facility and the Department will be analyzed in order to establish the Recovery Goals for 2011.

RECOVERY TRANSFORMATION AT

CENTRAL STATE HOSPITAL

Nov. 2009 Plan Update

INTRODUCTION

CSH continues to work on improving the recovery experience for our consumers and to further our staff's understanding and incorporation of the Recovery Principle into the day to day operations. During the past several months the Recovery Committee has teamed up with the Hospital Leadership and the CSH Mental Health Month Committee to organize two major hospital events. The events occurred in May of 2009 and were open to all staff and patients. One event involved 5 consumers from the Chesterfield and Richmond CSBs telling their recovery stories followed by a panel discussion with the topic of recovery and recovery principles and how it applies to you. The second event involved a panel of 2 consumers and a Psychiatrist discussing how you incorporate Recovery into your daily life and treatment.

During the past several months the hospital has been involved with several local CSB Recovery Efforts in order to extend recovery activities towards the community and to empower and encourage the CSH consumers towards their own road to recovery. This has been a particularly noteworthy step for the CSH consumers during this reporting period. 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 trips are also planned that involves the CSH consumers attending and participating 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 had an average of 15 patients that attend 2 to 3 time weekly day programs at various community club houses. The spirit of recovery continues to be demonstrated across the hospital, leading to a kinder, gentler and more supportive environment where patients are encouraged in a variety of ways to be active in their treatment and to get on the road to recovery.

All ongoing goals will be reviewed at least annually in Leadership Team/Department Head Meetings as well as by the Medical Executive Committee.

UPDATED PLAN Nov. 2009

Leadership

GOAL 1a Hospital leadership will maintain clear focus on recovery transformation in all strategic planning efforts

STRATEGY Recovery transformation on agenda of annual strategic planning retreat

TARGET DATE Ongoing

RESPONSIBLE STAFF - Hospital CEO

GOAL 1b Members of Leadership Team will be active participants and provide active support of all recovery efforts

STRATEGY Medical Director, Rehabilitation Director and Director of Risk Management and Quality Improvement active on Recovery Steering Committee

TARGET DATE Ongoing

RESPONSIBLE STAFF – 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.

GOAL 1c Recovery transformation will be regularly discussed in meetings of hospital leadership.

STRATEGY 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.

TARGET DATE Review December 2009 and Ongoing

RESPONSIBLE STAFF - Medical Director

GOAL 1d We will communicate recovery transformation as high priority throughout facility

STRATEGY Recognize and reward recovery efforts through BRAVO and other current staff recognition programs; identify and acknowledge individuals in the patient community who exemplify recovery successes

TARGET DATE Review June 2010

RESPONSIBLE STAFF - Hospital CEO

GOAL 1e Facilitate staff and patient feedback of recovery message

STRATEGY 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 representative civil and forensic patients on a regular basis

TARGET DATE June 2010

RESPONSIBLE STAFF – Hospital CEO, Human Resource Director

GOAL 1f Leadership Team will ensure that hospital policies increasingly reflect recovery principles and values

STRATEGY Policy review process amended so that drafts and updates will be reviewed by department heads for recovery language and principles, emphasizing patient choice and lack of needless coercion

TARGET DATE Policies will be amended as needed when they come up for periodic reviews.

RESPONSIBLE STAFF – Risk Management/Quality Improvement Director

Workforce Development

GOAL 2a All CSH staff will have an awareness of recovery principles and efforts

STRATEGY Recovery principles introduced in new staff orientation as well as in annual training

TARGET DATE Ongoing with annual review December 2009

RESPONSIBLE STAFF - Training Director

We are making efforts to identify consumer members from current and recently discharged patients that can regularly participate in monthly training and orientation activities.

GOAL 2b Staff will have opportunities for self-directed learning

STRATEGY Patient 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

TARGET DATE ongoing

RESPONSIBLE STAFF - Medical, Training and Rehabilitation Directors

We are identifying 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 patient 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 patient libraries.

GOAL 2c CSH will become recovery resource for regional partners

STRATEGY Central State Hospital will plan and host two regional trainings for staff of hospital, CSBs, other community programs, and local colleges

TARGET DATE May and November 2010

RESPONSIBLE STAFF - Medical Director

Central State Hospital clinical staff participated in regional training activities in conjunction with CSBs and consumer organizations. We will continue the goal of developing regional trainings when additional resources can be identified.

GOAL 2d Patients will be given significant role in recovery training efforts

STRATEGY Current and alumni patients will be selected, trained, supported and mentored in training skills, and will be training team members in new staff orientation and annual training

TARGET DATE Ongoing

RESPONSIBLE STAFF - 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.

GOAL 2e Staff will be able to demonstrate working knowledge of recovery

STRATEGY Staff will be evaluated annually for knowledge and understanding of recovery principles as part of employee work profile review.

TARGET DATE Ongoing

RESPONSIBLE STAFF - Human Resources Director

GOAL 2f Staff will openly examine ethical issues related to and resulting from recovery transformation

STRATEGY Ethics Committee will have at least two sessions annually for campus staff with a recovery related topic or case review

TARGET DATE April and November 2009 (completed), to be continued twice each year.

RESPONSIBLE STAFF - Ethics Committee Chair

GOAL 2h Clinical staff will increase their knowledge base and competencies concerning recovery and empowerment.

STRATEGY 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.

STRATEGY 2) Clinical departments and treatment teams will have ongoing training on recovery principles and development of recovery focused treatment plans

TARGET DATE CMEs in May and November 2009; Clinical Department and Team Training April 2009 and ongoing

RESPONSIBLE STAFF – Medical Director

Treatment Planning and Clinical Record

GOAL 3a The treatment process will become patient centered and recovery focused

STRATEGY A workgroup will be established to continue planning and implementation of changes in the treatment planning process and its documentation. Current patients will be included in the workgroup. Treatment planning policies to be updated with recovery focus. Treatment plan forms will be redesigned.

TARGET DATE Workgroup plan and report to Leadership Team March 2010

RESPONSIBLE STAFF - To be named

GOAL 3b Patients will be encouraged and supported to have increased involvement in the treatment planning process

STRATEGY Upon admission, each patient will be assigned a recovery coach who will provide individual orientation and preparation prior to the team meetings.

TARGET DATE December 2010

RESPONSIBLE STAFF - Social Work Director

GOAL 3c All clinical staff will be trained in strengths based assessment and trauma informed care

STRATEGY Available training curricula will be reviewed. Initial training and quarterly updates will be completed.

TARGET DATE ongoing

RESPONSIBLE STAFF - Psychology Director

Trauma Informed Care Assessment was revised and training was conducted in May 2009.

GOAL 3d Patients will have active involvement of family and other natural supports

STRATEGY With patient's permission, family members will be personally contacted as early as possible in the hospitalization and encouraged to participate in assessment and planning

TARGET DATE Ongoing

RESPONSIBLE STAFF - Social Work Director

GOAL 3e Formal and informal peer support will be evident in the treatment planning process

STRATEGY Increase availability of *Wellness Recovery Action Plan* groups, manuals, videos and other materials on the wards and in the malls.

TARGET DATE May 2009 and ongoing

RESPONSIBLE STAFF - WRAP Facilitator

~~GOAL 3f We will increase the availability of trained peer supports in the hospital~~

~~STRATEGY Appropriate training will be identified. The facility will support training of patients in certified peer support courses in the community. Draft for this peer support training effort has been completed.~~

~~TARGET DATE August 2009~~

~~RESPONSIBLE STAFF To be named~~

Funding not currently available for peer support training and certification. Will revisit this goal in next budget year. We will continue to look for alternative opportunities for peer support training in the community.

GOAL 3g Hospital staff will have increased understanding of benefits of peer support

STRATEGY 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 patient(s)

TARGET DATE ongoing

RESPONSIBLE STAFF - Training Director

Residential Life

GOAL 5a Residential settings will be improved with positive environmental changes

STRATEGY Nursing, Hospital Administration, and Environment of Care Committee will work with patients to improve atmosphere and appearance of patient areas.

TARGET DATE Ongoing

RESPONSIBLE STAFF - Environment of Care Committee Chair

With combined efforts of the current patients, 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 patients to use during non-treatment hours.

GOAL 5b Recovery education and discussion will be extended to and encouraged in the residential areas of the hospital

STRATEGY We will develop a “Recovery Corner” on each ward with posters, newsletters, brochures, photographs, and recovery stories exhibited.

TARGET DATE ongoing

RESPONSIBLE STAFF – Nursing Director

We have been able to increase the resources for all patient libraries as well as the Treatment Mall Resource Rooms. Resources that were identified through participation in community conferences were made available to all 3 patient libraries.

GOAL 5c Patients 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

STRATEGY 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

TARGET DATE Ongoing

RESPONSIBLE STAFF - Seclusion and Restraint Alternatives Committee Chair

GOAL 5d Patients will experience the giving and receiving of support in the patient community

STRATEGY Patients will have opportunities to lead and participate in on-ward support groups. Small evening support groups have been started in each patient building with staff present only for support. Patients rotate group leadership. Patients also have opportunities to attend twelve step groups on grounds and in the community.

TARGET DATE Review August 2009

RESPONSIBLE STAFF - Social Work and Psychology Staff

GOAL 5e Increase community exposure with updated listing of activities and opportunities

STRATEGY We will increase the affiliations with community peer support and recovery organizations and use these networks to provide additional opportunities for patients to

participate in a variety of recovery activities and the life of the community. Patients have attended meetings of the Recovery Education Work Group in Chesterfield, and Peer Connect in Richmond.

TARGET DATE Ongoing

RESPONSIBLE STAFF - 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 patients that attend 2 to 3 time weekly day programs at varies community club houses.

GOAL 5f There will be increased involvement of patients in planning, committees, evaluation activities.

STRATEGY Regularly solicit involvement of patients in ward and staff committees. This has been an ongoing challenge because few patients 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 patients who might become volunteers for hospital committees.

TARGET DATE May 2009

RESPONSIBLE STAFF - Medical Director

GOAL 5g Areas for improvement as relates to the recovery experience will be invited and identified

STRATEGY Patient 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.

TARGET DATE Ongoing

RESPONSIBLE STAFF - WRAP Facilitator, Patient Relations Director

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