

Catawba Hospital

Person Centered Care and Recovery

Where Do We Go From Here?



December 1, 2010

*“ . . . a person with mental illness can recover even though the illness is not “cured”
[Recovery] is a way of living a satisfying, hopeful, and contributing life even with the
limitations caused by illness. Recovery involves the development of new meaning and
purpose in one’s life as one grows beyond the catastrophic effects of mental illness”.*

(Anthony, 1993).

Anthony's statement provides a poignant starting premise for building use of recovery principles, supporting attitudinal transformation in our staff and integrating empowering principles and tools in our planning and work, collaborating with the persons we serve.

Catawba Hospital Mission Statement:

To support the continuous process of recovery by providing quality psychiatric services to those individuals entrusted to our care.

Catawba Hospital Vision Statement: *EXCELLENCE*

Catawba Hospital CORE Values: *EXCELLENCE* in

- Clinical Service
- Consumer Recovery
- Corporate Stewardship

The following document represents the efforts of Catawba Hospital staff in our planning process for improving the recovery-based treatment and supports for those individuals who utilize our services, as well as those individuals who care for and support them.

Senior Leadership

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Provide leadership for progression of person centered care through culture change, including more choice and more voice for persons receiving services.	Continue to articulate a clear vision, mission, and set of values which is revised as needed to reflect growth and development in person centered care.	Review and possible revision of mission, vision and values to reflect changes in Facility growth.	12 months from date of last revision and every 12 months thereafter	Facility Director Recovery Committee	Previously Completed
Develop an evaluation component for examining and refining existing practices through a recovery lens.	Develop a Steering Committee with four workgroups: a. Recovery Practices; b. Staff Development; c. Treatment Planning; d. Community Linkages. Develop a Service Recipient Council to be named by members.	Activation of each subgroup. Council is convened.	Implement one subgroup each quarter starting 01/08 18 months	Facility Director, Chief of Staff, Chief Nurse Executive, Vice President for Patient Care Services, Individuals Receiving Services	Previously Completed
Foster cooperation and create partnerships with stakeholders to facilitate seamless support for those in need of services.	Develop a funding proposal utilizing regional funds to increase development of recovery based treatment opportunities for persons receiving services.	Proposal is submitted to Regional Partnership.	24 months	Facility Director	The Catawba Regional Partnership currently funds a Certified Peer Support Specialist position at Catawba Hospital, and funds the weekly participation of staff from On Our Own (a peer-run drop-in center) in the Active Treatment Program. Additionally, the Community Linkages Subcommittee has obtained funding for a motivational speaker for training both the staff and individuals served by Catawba Hospital.

Workforce Development

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Enhance all staff's ability to see strengths, have positive expectations for individuals' ability to engage in meaningful activity and capacity for	Provide class on person centered care to all new employees, augmented by material from the <i>Mental Health Recovery: What Helps and What Hinders?</i>	Pilot questionnaires with new staff at the beginning and end of orientation. Questionnaires will be based on OIG Staff Survey questions from "Review of	3 months	Director of Staff Development and Training	Previously Completed

Workforce Development

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growth, no matter how severe the illness with which that individual lives.	(Onken, Dumont, Ridgway, Douglas, Dornan, Ralph 2002) report.	Services at VA State Mental Health Facilities". Expect 5% positive change in questionnaire responses between pre and post class completion.			
Employees will demonstrate retention and growth of positive attitudes and beliefs about recovery since beginning employment.	Pilot for six months a follow-up questionnaire for all new employees three months after completion of classroom orientation. The same questionnaire based on the OIG Staff Survey will be used.	Expect 10% change from initial questionnaire responses.	6 months	Recovery Education & Training Subcommittee	We have continued to survey staff before, at the completion of, and 3 months after orientation. There continues to be an improvement of over 10% during the life of the survey.
Successfully integrate peer support employee into the Facility culture.	Begin staff education to prepare the environment for inclusion of a peer support employee. Bring Peer Specialists in for discussion and exchange of ideas.	A Peer Support employee begins employment.	12 months	Chief Nurse Executive, Chief of Staff, Vice President for Patient Care Services	A Peer Support Specialist was employed in Sept. 2009. In addition to previously provided training, two more staff education opportunities were provided during the past year. This Peer Support Specialist resigned in March, 2010 due to physical health concerns and efforts to recruit for this position are ongoing, including working with VHST to support and fill this position.
Implement Motivational Interviewing as a treatment method for a variety of health concerns experienced by persons receiving services.	Provide education and skills training in The Transtheoretical Model and Motivational Interviewing, including a senior leadership workshop on implementing system change to this model of care. This care model provides an excellent complement to the recovery approach to care. Motivational Interviewing emphasizes respect for individual choice, the centrality of the individual in the treatment process, and the individuality of the recovery path.	Hire a consultant to provide MI training and supervision.	6 months	Director of Staff Development and Training, Chief of Staff, Vice President for Patient Care Services, Chief Nurse Executive	Previously Completed

Workforce Development

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Transition to person first language in documentation and interpersonal communication among staff and with persons receiving services.	Place posters in the nursing unit offices with reminders about person first language use and the ways to use recovery versus traditional descriptions of an individual's experience.	Posters are in the nursing unit offices.	3 months	Recovery Education & Training Subcommittee	Posters and training materials have been developed and displayed throughout the facility during the past year, including updates to the "license plate" display of recovery-based messages and additional recovery-focused posters and artwork.

Treatment Planning

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Develop and implement methods to assure treatment planning input from persons receiving services.	Develop, collaboratively with service recipients, and pilot a treatment team form to obtain input from the person receiving services. Reinforce that there are no "right" answers to the Team other than a response centered on their personal recovery goals.	Form is developed and approved by the Health Information Management Committee.	6 months	Treatment Planning and Process Subcommittee	Previously Completed
Assure person receiving services long range goals are supported by the Treatment Plan.	Work with Teams to assure they focus on the short range goals of persons receiving services, and, that these goals are consistent with the individual's identified long-range goals.	Treatment Plans will have short-range goals that support the person receiving services long-range goals.	12 months	Treatment Planning and Process Subcommittee	The assessment form developed for this purpose has been improved during the past year and is currently in consistent use. This is now part of the formal Treatment Plan documentation.
Assure that persons receiving services long-range goals are part of the Treatment Plan.	Develop a section of the treatment plan specifically addressing, in their own words, the long-range goals of the person receiving services.	Treatment Plan will contain documentation of long-range goals.	12 months	Treatment Planning and Process Subcommittee	Previously Completed

Treatment Planning					
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Assure that persons receiving services choices are considered in developing treatment.	Inquire as to the existence and availability of any Wellness Recovery Action Plans or Psychiatric Advance Directives that would help convey the treatment preferences of the individual receiving services to the Treatment Team.	Documentation – e.g. Treatment Plan will contain verification of inquiry regarding the assistance of WRAP/PAD documents.	12 months	Treatment Planning and Process Subcommittee	Previously Completed

Design of the Clinical Record					
GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Facilitate open and welcoming communication between the Treatment Team and persons receiving services.	Develop, collaboratively with service recipients, a structured format and form for Treatment Teams that indicates specific areas that must be addressed in communication between the Team and the person receiving services.	Format is developed and implemented as evidenced by format use by Teams.	12 months	Treatment Planning and Process Subcommittee	Previously Completed
Support the ability of persons receiving services to have meaningful input into the design and content of their treatment.	Begin the development of a medical record format and content that will support person first plans, especially the words of the service recipient, as part of the electronic medical record initiative.	Standardized Electronic Medical Record is utilized throughout the facility which is designed to support person first planning and documentation.	36 months	Commissioner of DBHDS, Facility Director, Chief of Staff, Vice President for Patient Care Services	Virginia Department of Behavioral Health and Developmental Services has a committee working on this process at present. This committee is led by Jack Wood, MBA.
Support the choices of persons receiving services and give them resources to make choices consistent with their goals and preferences.	Pilot use of materials from <i>Common Ground</i> (P. Deegan) to introduce staff to supporting individuals in making choices about risk taking. The <i>"Intervention Assessment Form"</i> , and	<i>"Intervention Assessment Form"</i> will be utilized by the Treatment Teams as appropriate.	18 months	Treatment Planning and Process Subcommittee	Staff education on CommonGround was provided in October, 2009 and the Intervention Assessment Form is currently available for use at our facility.

Design of the Clinical Record

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	supporting decision-making charts, provides a method for staff to assess their own potentially neglectful or overprotective interventions. This tool provides structure for the individual and staff to conceptualize choices and risk taking while assessing safety concerns.				
Support the input of families and significant others when they are part of the natural support system for the individual receiving services.	Treatment Teams will contact and involve families and significant others in supporting the success of the individual receiving services when they are part of the natural support system. Will make accommodations to assist with scheduling or transportation difficulties.	Treatment Plans will include a section focused on input from family when this is appropriate to the individual's treatment situation.	12 months	Treatment Planning and Process Subcommittee	Previously Completed During the past year, Michael Gray, Staff Attorney for VOPA, has provided four quarterly updates on the rights of individuals receiving services as well as on opportunities for involvement in receiving services outside of the facility to enhance post-discharge planning.
Facilitate support of the individual receiving services when natural supports are not available.	Peer support or counselors will be available to individuals receiving services to support their participation and advocate for their input and choice in the development of treatment plans.	Peer counselors will accompany individuals receiving services to meetings with their Treatment Team when requested.	24 months	Community Linkages Subcommittee	Catawba's Peer Support Specialist, Amy Wilhelm, resigned in March, 2010 due to physical health concerns. During her time at Catawba, she provided support to the individuals that we serve. She attended Treatment Teams with them, upon request.. Efforts to recruit or train a Peer Support Specialist are ongoing.

Resident Activities and Opportunities

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Treatment program will expand to improve resilience of individuals receiving services through	Develop services leading to employment opportunities in vocational areas that are not presently available	Survey of individuals receiving services will be completed.	6 months	Treatment Development and Monitoring Subcommittee	The Treatment Development and Monitoring sub-committee has continued to provide vocational opportunities for individuals receiving

Resident Activities and Opportunities

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increased vocational opportunities.	within the treatment program with input on preferences from individuals receiving services.	New vocational opportunities will be scheduled.	18 months		services through its Work Skills Development Program, including new opportunities of horticulture/ landscaping and working in the Coffee Shop, as well as the Car Wash, Clothing Room, Framing and Canteen on the Mall. These new opportunities are available within the Active Treatment Program. Surveys regarding additional preferred opportunities have been completed.
New vocational opportunities will be available from the Department of Rehabilitation Services (DRS).	Facility staff will meet with representatives from the Department of Rehabilitation Services (DRS) to explore what additional vocational supports could be made available to individuals receiving services both prior to and following discharge. Individuals receiving services will give input on desired services.	Survey of individuals receiving services will be completed.	6 months	Community Linkages Subcommittee	<p>The Treatment Development and Monitoring sub-committee has worked in conjunction with the Community Linkages sub-committee with scheduling representatives from DRS to come to the hospital and meet with staff and individuals. A representative from DRS now comes to the hospital bi-weekly. A representative from DRS did an educational presentation for persons receiving services, as well as a Grand Rounds for staff in July, 2009.</p> <p>Members of the Recovery Committee have been in consistent contact with Alan Huffman from DRS. DRS referrals are now made on individuals that have stated interest in working upon discharge. Mr. Huffman also participated as a DRS Representative in the Recovery Fair held in May 2009.</p>
Volunteer opportunities will be made available to individuals receiving services that can continue beyond hospitalization.	Establish non-hospital based volunteer positions that persons receiving services can participate in while still in the hospital and continue upon hospital discharge.	Individuals receiving services will have volunteer opportunities available through the Active Treatment Program.	30 months	Adjunctive Therapy Director, <i>Occupational Therapist, Vice President for Patient Care Services</i>	<p>The Volunteer Coordinator has met with numerous agencies to develop these opportunities during the past year.</p> <p>During the past year, we have started work with the Catawba Sustainability Project, a division of the VPI&SU Outreach and International Services program. One project involves planting seedlings and raising them in</p>

Resident Activities and Opportunities

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					<p>the Horticulture Therapy program for local farmers who participate in a Farmer's Market in the Catawba area. Other new potential visitation sites will be based on the input of the individuals served in the groups. The individuals referred to the vocational groups are asked to be responsible for providing input into the locations that we visit as potential volunteer work sites.</p>
<p>Support development of strategies to promote wellness and resilience among individuals receiving services.</p>	<p>Treatment opportunities supporting the development of Wellness Recovery Action Plans as well as other relevant Psychiatric Advance Directives will be made available to individuals receiving services.</p>	<p>WRAP/PAD Development group will be scheduled.</p>	<p>12 months</p>	<p>Community Linkages and Treatment Development & Monitoring Subcommittees</p>	<p>A WRAP Facilitation group in the Active Treatment Program has been developed and implemented.</p> <p>On Our Own of the Roanoke Valley also participates in the WRAP group at Catawba for two group sessions per week. Our Peer Support Specialist assisted our individuals with any questions or WRAP development, as needed on an individual basis in addition to the group. An Adjunctive Therapy staff member has assumed this responsibility until another Peer Support Specialist is hired.</p> <p>A presentation of "In Our Own Voice" was done in March of 2010. This is a consumer designed and presented program supported by NAMI which encourages recovery-based work by individuals receiving services.</p>
<p>Relevant leisure opportunities will be developed for non-treatment program times.</p>	<p>Individuals receiving services will have leisure and recreational opportunities outside of Active Treatment Program times. They will be able to choose from activities based on preference and will have tools that provide for health and wellness</p>	<p>Survey of individuals receiving services will be completed.</p> <p>Opportunities/tools will be on units.</p>	<p>6 months</p> <p>18 months</p>	<p>Vice President for Patient Care Services, Adjunctive Therapy Director, Chief Nurse Executive</p>	<p>In addition to previous efforts in this area, we have added additional staff members in the Adjunctive Therapy department to assure sufficient staff to provide activities on all holidays. This addition to staffing was completed in August, 2010.</p>

Resident Activities and Opportunities

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	both while hospitalized and upon returning to the community.				
Process and criteria for granting privilege levels will be consistent within the facility.	Staff will receive training on the level system, focusing on its use to maintain safety and security of those persons receiving services rather than as a behavior modification system. Will develop a monthly meeting with the specific focus of reviewing the level system and its administration. Patients from the two adult units would meet monthly with staff to review pertinent issues concerning the level system, and these representatives would then report back to peers in their respective Community meetings.	Staff training Development of review process/meeting	6 months 18 months	Vice President for Patient Care Services , Chief Nurse Executive, Unit Managers	Previously Completed. In addition, during the past year all Policies and Procedures, as well as the Unit Rules, have been changed to reflect the focus on safety and security levels. Unit Rules were consolidated to assure consistency in this area among all treatment units.

Relationship to the Community

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Increase awareness of local, regional and state wide peer resources.	Hold a "Recovery Services Fair" inviting, On Our Own, VOCAL, CELT and other consumer advocacy organizations for attendance by our persons receiving services and staff.	The Fair is held at Catawba with participation from a range of peer groups.	6 months	Community Linkages Subcommittee	Previously Completed. Planning is underway for another "Recovery Services Fair" to be held in the Spring of 2011.
Peer Specialists will become involved in services at the Facility.	Develop an action plan to develop the use of peer specialists in varied roles for Catawba Hospital. Dr. Vicky Fisher will serve as a resource for expanded	Peer Specialists will be available to directly assist individuals receiving services as well as in program planning for the facility.	12 months	Community Linkages Subcommittee	A Certified Peer Support Specialist, Amy Wilhelm, began her employment at Catawba Hospital in September 2009. She resigned from this position in March 2010 due to physical health concerns. Efforts to recruit or train a

Relationship to the Community

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	recovery focused services throughout the organization in consultation with peer advocacy groups.				Peer Support Specialist are ongoing and include working with VHST.
Staff will be educated on the role and potential impact of peer counselors.	Peer counselors as well as persons affiliated with advocacy and peer counseling/support agencies will be contacted to provide training on the role and utility of peer counselors in the treatment process.	Training will be scheduled and completed.	24 months	Community Linkages Subcommittee	Previously Completed
Employment of a peer specialist.	Develop an employment work profile for a peer specialist provider with a target date of employment in six months.	EWP is developed.	9 months	Community Linkages Subcommittee	Previously Completed. An EWP was developed and finalized prior to advertising for a Peer Support Specialist in February, 2009.
Develop a list of trained peer providers living within geographic region of Catawba Hospital.	Dr. Fisher will collaborate with WRAP, VOCAL, Statewide Consumer Network, CELT, the Southwest Regional Board and the HST Program to gather data concerning the peer specialist workforce potential.	A report with a list of local peer providers is generated.	6 months	Chief Nurse Executive, Chief of Staff, Vice President for Patient Care Services	Vicky Fisher, Ph.D., CNE collaborated with local agencies to obtain a list of trained Peer Support Specialists in this area. Our ad for the peer support specialist position was posted on the VOCAL Network website, per the request of the agencies that Dr. Fisher contacted.
Incorporate successful methods for utilization of a peer specialist at the Facility.	Gather information from other state hospitals concerning how peer specialists are utilized in their treatment programs.	Report of data gathered from sister facilities.	9 months	Chief Nurse Executive, Chief of Staff, Vice President for Patient Care Services	Previously Completed. Plans are in place to support and involve the Peer Support Specialist when we are able to recruit a successful candidate.

Other Relevant Areas

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Enhance the aesthetic elements of the living environment for persons receiving services	Use service recipient artwork to decorate the units. Choose the artwork from a service recipient juried art show at the	Artwork created by individuals receiving services will be mounted. Art Show will be scheduled.	12 months	Recovery Education and Training Subcommittee	This goal was met by having individuals receiving services create art work in the course of their treatment and activities in the Active Treatment Program. The Art Show

Other Relevant Areas

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	Facility.				was previously completed. The art work will be displayed on each unit during the upcoming year.
Promote recovery through the written materials originating from the facility.	Brochures, information sheets, marketing materials, educational materials, and other printed materials originating from the facility will be reviewed and revised to incorporate recovery language and concepts.	Printed materials will be revised.	24 months	Recovery Education and Training Subcommittee	The various departments at Catawba Hospital have updated their policies to contain recovery-oriented language. During the past year, all of the separate Unit Rules were consolidated into one set of Rules for all units that were developed using recovery-based language. Additionally, there are links on Catawba's Intranet that have been developed which provide examples of recovery-based ideas and language for use in documentation.
Develop materials to help individuals receiving services and significant others understand the recovery process.	An information sheet, outlining basic recovery-based concepts and language, will be developed and given to each person receiving services at the time of their admission. This can also be sent to their significant others if appropriate.	Information sheet will be developed and included in admission packet.	12 months	Social Work Director, Vice President for Patient Care Services, Chief Nurse Executive	Previously Completed
Develop support and educational opportunities for the natural supporters of individuals receiving services.	Plan and implement a monthly support group for the families of individuals receiving services. This would incorporate a training curriculum so that an educational component on recovery topics would be provided at each meeting.	Support group meeting will be scheduled and held.	24 months	Treatment Development and Monitoring Subcommittee	During the last Consumer Appreciation Day, the individuals receiving services requested that we not hold meetings at Catawba Hospital for their families due to time and logistical constraints. They did ask that we offer their families a way to be supported and educated about mental illness in the community. Because of this, our committee has developed informational flyers to let the families know when the local NAMI meetings and other support opportunities are held. We plan to update these monthly. The flyers also include any other events that may be occurring locally in support of individuals with mental illnesses. During the past year, we have focused on the annual Walk for Mental Health (sponsored by Mental Health America)

Other Relevant Areas

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					the Mind Matters film series, and the "Choices in Recovery" programs, as well as the Memory Walk.