



THE ENHANCEMENT PLAN

PRESENTERS

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WHY WAS THE ENHANCEMENT PLAN DEVELOPED?

- Metropolitan State Hospital was investigated by the Department of Justice in 2002.
- Investigation findings were based on CRIPA (Civil Rights for Institutionalized Persons Act).
- The Enhancement Plan was negotiated between the state of California and the United States Department of Justice in 2006.

WHO MONITORS COMPLIANCE WITH THE ENHANCEMENT PLAN ?

- Compliance monitoring is provided by a court appointed evaluation team consisting of the Court Monitor and four expert consultants

HOW IS COMPLIANCE WITH THE ENHANCEMENT PLAN MONITORED?

- The Court Monitor's task is to assess and report on the facilities progress regarding compliance with the provisions of the EP.
- Recommendations are guided by current generally accepted professional standards of care, current literature and relevant clinical experience.

Mission

The Department of Mental Health – Long Term Care Services (DMH-LTCS) endeavors to support, teach and treat individuals with serious mental illness, substance addiction, disorders and forensic issues in a safe environment, so that they can fully appreciate, manage and overcome the nature and seriousness of their conditions, revive hope in their lives, recognize their strengths and power to live productive and meaningful lives in their community.

Mission (cont)

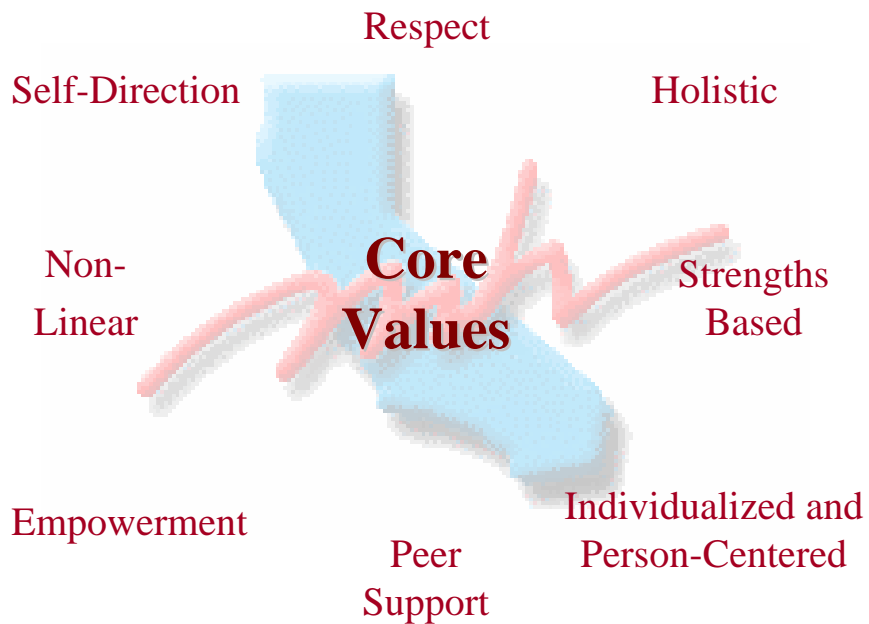
The Department of Mental Health believes that the provision of services based on the principles of recovery and psychosocial rehabilitation values, supported by technology, offers these individuals an effective way of achieving their rehabilitation and recovery goals. DMH-LTCS is committed to implementing recovery-based psychosocial rehabilitation programs, maintaining the highest standards of care, and providing an atmosphere of creativity and continuous innovation.

Vision

The Long Term Care Services Division envisions a Hospital community in which all individuals are offered an opportunity to attain optimal physical and mental health; where mental health, freedom from addiction, and independence are recognized as health goals; where stigma and other barriers to recovery are identified and eliminated; where appropriate and effective recovery interventions are developed, delivered and continually refined;

Vision (cont)

where competence is evident in the quality of services offered, and groups and activities facilitated; where relationships are built on collaboration and trust; where individuals learn new skills or learn to use existing skills in new ways to enhance the quality of their lives; and where attitudes embody the belief that a person can change, regardless of impairments, and that an individual's process of change is facilitated by support, involvement, hopefulness, and therapeutic competence of others.



Why are we making these changes now?

“Recovery” is a best practice nationwide

Other states started a long time ago

- **President’s New Freedom Commission**
- **The American Psychological Association Committee for Advancement of Professional Practices identifies recovery as a best practice**
- **The American Association of Community Psychiatrists have set standards requiring the implementation of recovery**
- **National Association of State Mental Health Program Directors.**
- **JCAHO is beginning to look at recovery issues**

Why else are we making these changes?

- **It gets good results (length of stay, productivity, satisfaction, engagement, outcomes).**
- **If we want to be the best in the country – leaders in the field – this is the way to go.**
- **The mental health field has a long history of constant change in our concepts of what is the right way to treat the mentally ill. We must continue to change with the field.**
- **It makes good sense and is the right and humane thing to do.**

WELLNESS & RECOVERY PLANNING

- **Guided by a detailed DMH Wellness and Recovery Plan Manual that establishes team composition, responsibilities, schedule, process, competence and monitoring requirements.**
- **Ensures that the Individual served is a key member and participant in the process and the establishment of his/her treatment plan.**

WELLNESS AND RECOVERY PLANNING TEAMS

- **ADMISSION TEAMS 1:15**
- **Emphasis on assessment and development of clinical case formulation.**
- **LONG TERM TEAMS 1:25**
- **Emphasis on treatment and review of progress towards discharge.**
- **WRP Team reviews, assesses and develops positive clinical strategies to overcome barriers to participation in active treatment and services.**

WELLNESS AND RECOVERY PLANNING TEAMS

- **Individual**
- **Psychiatrist**
- **Psychologist**
- **Social Worker**
- **Rehabilitation Therapist**
- **Registered Nurse**
- **Psychiatric Technician**
- **Family/Significant Other/CONREP/Conservator**

WELLNESS & RECOVERY PLANNING

- **Individuals have substantive input into Wellness & Recovery Planning process, including PSR Mall groups.**
- **WRP's are held every 14 days during the first 60 days and monthly thereafter.**
- **Services are goal directed and informed by a thorough knowledge of the individual's psychiatric, medical and psychosocial history and previous response to treatment.**

WELLNESS & RECOVERY PLANNING

- **Utilizes the individual's strengths, preferences, interests and life goals.**
- **Focuses on the individual's vulnerabilities to mental illness, substance abuse and readmission due to relapse.**
- **Individual's are educated regarding the purposes of their treatment and will be provided a copy of their WRP.**

PSYCHOSOCIAL REHABILITATION MALLS

- **Individuals are scheduled for 20 hours of active treatment each week.**
- **Active Treatment is based on individual's assessed needs.**
- **Active Treatment is provided at each individual's cognitive & motivational level.**
- **Course outlines, Lesson plans and evidence based curriculum are utilized in the provision of active treatment.**

Definition of Recovery - William Anthony, PhD

“... a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life, with or without 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, William, et al. (2002). Psychiatric Rehabilitation, 2nd Ed. Boston: Center for Psychiatric Rehabilitation.

PSYCHIATRIC ASSESSMENTS, DIAGNOSIS & SERVICES

- **Individuals receive a Medical and Psychiatric Assessment within 24 hours of admission.**
- **Individuals receive an Integrated Assessment by all disciplines within 7 days of admission.**
- **Clinically justifiable diagnosis are provided for each individual with diagnostic clarification within 60 days.**
- **System-wide monitoring of the safety, efficacy and appropriateness of all psychotropic medication use, consistent with generally accepted professional standards of care.**

PSYCHOLOGICAL ASSESSMENTS & SERVICES

- **Provide an accurate evaluation of the individual's functioning to inform Wellness & Recovery Planning.**
- **The development and implementation of a behavioral incentive system that encompasses self-determination and choices by the individuals served (BY CHOICE).**
- **Behavioral interventions are based on a positive behavior supports model.**

NURSING ASSESSMENTS

- **Standardized nursing assessment protocols are completed and integrated into the individual's WRP.**
- **Ensures that all nurses responsible for performing nursing assessments are verifiably competent in performing the assessments.**
- **Initial nursing assessments are completed within 24 hours of admission. Further assessments are completed and integrated into the individual's Wellness and Recovery plan within 7 days.**
- **Nursing assessments are reviewed every 14 days during the first 60 days and every 30 days thereafter and updated as appropriate.**

NURSING SERVICES

- **Nursing interventions are fully integrated into the individual's WRP.**
- **Nursing staff follow appropriate medication administration protocol, including safe administration of PRN and Stat medications.**
- **Provision of a therapeutic milieu which reinforces learning that is taking place in the PSR Malls and proactive, positive interventions to prevent and de-escalate crisis.**

Definition of Therapeutic Milieu (TM)

**a physical and social
environment
designed
to promote recovery**

The Therapeutic Milieu

- **The milieu is intentionally set up to promote Recovery (hope, choices, empowerment, quality of life, etc.).**
- **The individual's goals and his objectives as set out in the Wellness and Recovery Plan help us know what is important to provide in the therapeutic milieu for that person.**

The Therapeutic Milieu

- **Hospital Policy and Unit Rules are:**
 - **Rational**
 - **Designed with input from individuals served**
 - **Person-focused**
 - **Posted and explained during orientation**
 - **Understandable**
 - **Open to input and revision**
 - **Ensure maximum appropriate self-determination**
 - **Enforced in ways that preserve dignity**

The Therapeutic Milieu Promotes Recovery

- What should we look for to know if we are “promoting Recovery?”
- Statements of hope from individuals
- Evidence of self-determination
- Development of coping skills
- Symptom reduction
- Progress toward life goals
- Progress toward educational learning
- Engagement in treatment/work/school
- Peer support/mentoring
- Flourishing cultural & spiritual diversity

Functions of Social Environment

- The social environment provides:
 - Treatment
 - A space to learn/practice skills (groups)
 - Support
 - Engagement vs. observation only
 - The opportunity to be successful
 - Limits that balance individual autonomy with need for boundaries in group living
 - freedom to express cultural & spiritual individuality
 - a safe, interesting place to live

Assessing the Therapeutic Milieu

- **What would a good TM look like?**
 - Staff are available and consistent with the individuals served
 - Therapeutic progress and positive behavior are recognized & rewarded
 - The environment is safe
 - The environment is clean, attractive, and comfortable
 - Privacy is respected
 - Dignity is preserved
 - Rules and policies are fair, sensible, non-punitive, and subject to input
 - Spiritual and cultural individuality is recognized and supported

Assessing the Therapeutic Milieu (cont.)

- Staff are kind, respectful, and helpful in what they do and say
- Staff know & respect the individual aspirations of each individual
- The environment is rich in choices and opportunities
- Individuals are encouraged to help each other
- Staff know each individual's strengths
- Staff express positive affirmations of each individual's success
- Staff's manner and dress are professional

An Interesting Observation

The main purpose of the therapeutic milieu is to provide a space in which the individuals we serve can make lasting changes in their behavior.

“Before there is change, there is hope for change.”

*- Stanley J. Gross, Ed.D.,
professor, author*

REHABILITATION THERAPY ASSESSMENTS & SERVICES

- Comprehensive Rehabilitation Therapy assessments are provided which identify the individual's functional status, skills and supports needed to transfer to the next level of care.
- The oversight of physical & occupational therapy programs, including the use and care of adaptive equipment, positioning and promoting independence.

Definition of Recovery

- New Freedom Commission

“... the process in which people are able to live, work, learn, and participate fully in their communities. For some, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual’s recovery.”

Hogan, Michael, et al. (2003). [Achieving the Promise: Transforming Mental Health Care in America, Final Report](#) . The President’s New Freedom Commission on Mental Health.

NUTRITION ASSESSMENT & SERVICES

- Timely comprehensive nutrition assessments include high risk referral with identified nutritional triggers (severe food allergies, tube feeding).
- WRP’s include adequate strategies and methodologies to address identified needs of individuals who experience weight problems.
- Interventions for individuals at risk for aspiration or dysphagia, including mealtimes and other activities involving swallowing.

SOCIAL HISTORY ASSESSMENTS, DISCHARGE PLANNING & COMMUNITY INTEGRATION

- Each individual will have a social history evaluation that is accurate, to the greatest extent possible, current and comprehensive.
- Factual inconsistencies are identified and resolved whenever possible.
- Actively pursue discharge to the most appropriate setting consistent with each individual's needs.
- Each individual is an active participant in the discharge planning process.

Definition of Recovery - “What Helps/Hinders?”

“... an ongoing dynamic interactional process between a person's strengths, vulnerabilities, resources and the environment. It involves a personal journey of actively self-managing psychiatric disorder while reclaiming a positive sense of self, roles, and life beyond the mental health system, in spite of challenging psychiatric disability. It involves learning to approach each day's challenges, to overcome disabilities, to live independently, and to contribute to society. It is based on a foundation of hope, belief, personal power, respect, connectedness, and self-determination.”

Onken, Steven J., et al., (2002). *Mental Health Recovery: What Helps and What Hinders*. National Technical Assistance Center for State Mental Health Planning, National Association of State Mental Health Program Directors.

COURT ASSESSMENTS

- Policies and procedures to ensure an interdisciplinary approach to the development of court submissions for individuals adjudicated “not guilty by reason of insanity” and “incompetent to stand trial” based on accurate information and risk assessments.
- Establishes a Forensic Review Panel to serve as the internal body that reviews and provides oversight of facility practices and procedures regarding the forensic status of each individual.

PHARMACY SERVICES

- Each state hospital shall develop and implement policies and procedures that require:
- Pharmacists to conduct reviews of each individuals medication regimen and, as appropriate, make recommendations to the prescribing physician about possible drug-to-drug interactions, side effects, and need for laboratory work and testing.
- Physicians to consider pharmacists' recommendations, and for any recommendations not followed, document in the individuals medical record an adequate clinical justification.

GENERAL MEDICAL SERVICES

- Ensures that individuals with medical problems are promptly identified, assessed, diagnosed, treated, monitored, and as indicated, reassessed, diagnosed, and treated.
- Requires the timely provision of medical care, including but not limited to vision care, dental care, and laboratory and consultation services; timely communication between nursing staff and physicians regarding changes in an individuals physical status.
- Defines the duties and responsibilities of primary care physicians; ensures a system of after-hours coverage with formal psychiatric training.
- Ensures that physicians monitor each individual's health status indicators.

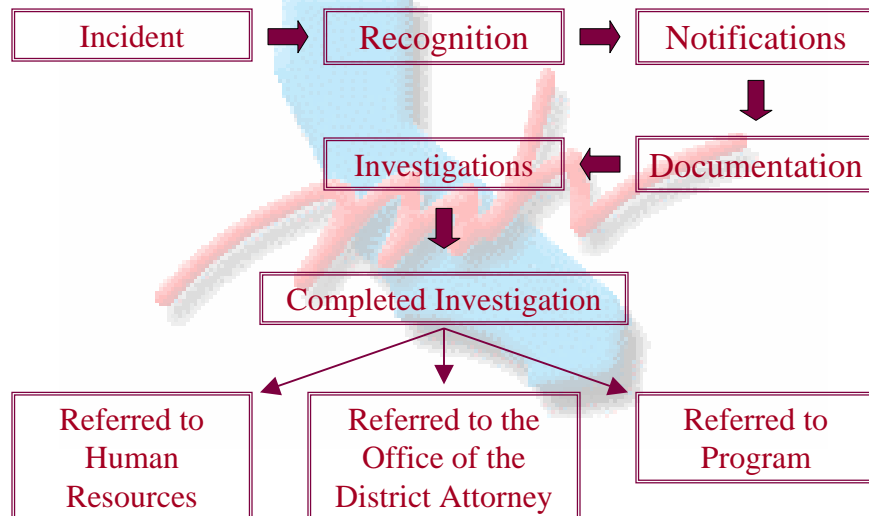
SECLUSION, RESTRAINT & EMERGENCY MEDICATIONS

- Each State hospital shall ensure that restraints, seclusion, psychiatric PRN medications, and Stat medications are safely used:
 - only as a last resort,
 - when clinically indicated, and
 - are not used as punishment,
 - for staff convenience, or
 - as an alternative to treatment of the underlying cause of the behavior.
- The individuals are assessed and monitored by staff trained to competency
- Accurate data on the use of restraints, seclusion, psychiatric PRN medications, and Stat medications is used to ensure appropriate use.

INCIDENT MANAGEMENT

- Each state hospital shall develop and implement across all settings, an integrated incident management system that is consistent with generally accepted professional standards of care.

California Department of Mental Health Incident Management System (IMS)



Promoting Hope

- A Safe environment supports hope
 - Plenty of personal space
 - Violence free/abuse free
 - Possessions secure
 - Confidentiality/Privacy maintained



Hope & Safety

- Hope is an important part of having a safe milieu
 - People with hope are less dangerous.
 - No situation is ever completely without hope.



A CULTURE OF PERFORMANCE IMPROVEMENT

- Key Indicator data are an essential ingredient of a culture of performance improvement.
- The primary users of the Key Indicator data are the clinical teams, management and administrative leadership.
- Key Indicator data includes behavioral, medical and psychiatric triggers.
- Each state hospital monitors on a continuous basis, outcome indicators to identify trends and patterns in the individual's status, assess the performance of systems, and provide corrective follow-up measures to improve outcomes.

ENVIRONMENTAL CONDITIONS

- Review regularly all units and areas of the hospital to identify any potential environmental safety hazards and implement a plan to remedy any identified issues including:
 - potential suicide hazards,
 - adequate temperature control
 - individuals who are incontinent are assisted to change in a timely manner;
- Monitoring sexual contact among individuals including:
 - staff response,
 - therapeutic interventions; and
 - the role of para-professional staff.

Some basic assumptions about recovery...

- People with psychiatric disabilities can successfully contend with their symptoms, function well, and live positive lives
- People have an inherent potential to grow and ability to recover = natural healing process
- Neither a person's diagnostic label nor severity of psychiatric symptoms predicts success in recovery.
- Recovery is *not* –
 - the absence of symptoms or suffering
 - the complete restoration of functioning
 - total independence

Some more basic assumptions...

People with psychiatric disabilities have the same life goals as people without psychiatric disabilities:

- Be meaningfully employed
- Have a spouse and family
- Practice their religion
- Have a social life
- Get an education
- Be a part of & contribute to the community
- Have a good quality of life

Recovery for people with psychiatric disabilities should be exactly the same as for people with physical disabilities.

Yet more basic assumptions...

- Recovery is best understood (and evaluated) through the lived experience of persons with psychiatric disabilities who are in recovery.
- Active participation and involvement by individuals in the rehabilitation process is the cornerstone of recovery (includes peer-led activities, and participation by patients in all levels of program design, evaluation, and improvement).
- Recovery includes recovery from the negative social reactions to and consequences of psychiatric disability

A few last assumptions...

- Recovery is not related to one's theory about the cause of mental illness or preferred mode of psychotherapy.
- Recovery is what the individual does. Staff facilitates recovery through treatment, case management, rehabilitation, and support.
- Recovery in the inpatient setting will almost certainly involve a change in attitude and behavior of mental health providers from the status quo

Elements of Recovery

Recovery is person-centered.

- ◆ focus on achieving chosen goals
- ◆ focus on the preferences of the individual
- ◆ focus on the person rather than a label
- ◆ dynamic interaction between a person's strengths, vulnerabilities, resources, and environment
- ◆ includes spiritual and cultural needs and preferences

Elements of Recovery

3. Recovery is focused on empowering individuals to meet daily life challenges.

- fostering a sense that the individual has the personal power to make the necessary changes and can take responsibility in his life
- using learned skills
- using support systems (interdependence) for as long as they are needed (use of supports can lead to independence)
- a critical element of recovery is the presence of people who believe in and stand by the person who is recovering

Elements of Recovery

4. Recovery is focused on adjusting to and being resilient in a chosen environment in the community (living, working, socializing, learning)
- a key element of a Wellness & Recovery Plan (vs. treatment plan) is the Rehabilitation goal.
 - The Wellness & Recovery Plan is a true collaboration between the Interdisciplinary Team and the individual in recovery.

Definition of “Hope”

- Dictionary definition of “Hope”¹
 - To entertain a wish with some expectation of fulfillment
 - To look forward to with confidence or expectation

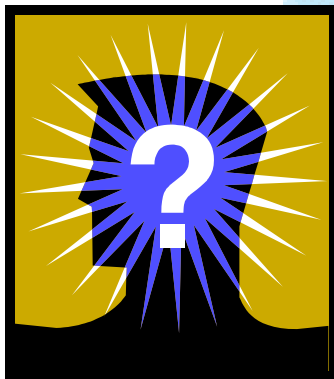
¹American Heritage Dictionary, 2000

Definition of “Hope”

- Groopman*
 - An experience with two parts:
 - Cognitive: marshalling information into a desired future outcome, seeing possibility
 - Affective: comforting, energizing feeling experienced when imagining a positive future.

*Groopman, J., MD., “Anatomy of Hope: How People Prevail in the Face of Illness.” Random House, 2005

Case Study in Hope & Mental Illness



- He failed in business at age 31
- He was defeated for the Legislature at age 32
- He again failed in business at age 34
- His Sweetheart died at 35
- He had a “Nervous Breakdown” at age 36
- He was defeated in an election at age 38
- He was defeated for Congress at age 43

Case Study in Hope & Mental Illness



- He was defeated for Congress at age 46
- He was defeated for Congress at age 48
- He was defeated for Senate at age 55
- He was defeated for Vice President at age 58

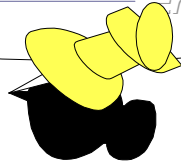
Who is he...?

Who is this man?

ABRAHAM LINCOLN



Quote



"When I came to your hospital, I had NO HOPE! I needed you to carry my hope for me. I simply could not find it for myself. And when I did, I needed you to get out of my way and support me in both my successes and my failures."

- A Person in Recovery

THANK

A large, stylized 'X' graphic is centered behind the text. The 'X' is composed of two overlapping lines: a light blue line and a light red line. The lines are thick and have a slight shadow effect.

YOU!