

# Southwestern Virginia Mental Health Institute

Marion, Virginia

Update to the Office of the Inspector General  
on Recovery Implementation

November 16, 2009



*Our Mission: We promote mental health in Southwestern Virginia by assisting people in their recovery.*

*Our Values: Communication \* Honesty with compassion \* Trust \* Teamwork \* Self-initiative \* Leadership \* Honoring day-to-day tasks*

*Our Vision: SWVMHI, in collaboration with Community Services Boards, will always be the region's center of excellence in the treatment of serious mental illness.*

**Southwestern VA Mental Health Institute  
Update Regarding Recovery Plan  
OIG Report #137-07  
November 16, 2009**

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**Director's Orientation:**

Since last update in February, 2009, 61 of 71 or 86% of new employees have participated in the Director's Orientation session, in which educational components on recovery-based services are featured.

**MVP Program:**

As of this update, 47% of supervisory staff members have completed the Managing Virginia Program Module I on-line training, and 39% have completed the second module. Lingering technical difficulties, including those within the program itself, as well as the facility's inadequate bandwidth, have hampered this initiative. Many of the staff members who have completed the training modules have been forced to do so from their personal computers during non-working hours.

**Sensory Connection Program:**

- **Comfort Rooms:**

Seven comfort rooms on four units have been fully in use since March, 2009. Each comfort room has guidelines for its' use, and consumers are oriented to the rooms during their initial admission phase. At Unit Programming Meetings and Treatment Team Meetings, feedback is provided on the use of the comfort rooms. On November 16, an interdisciplinary review of each unit's utilization data from the previous six months is to be conducted. The following is an individual report by unit:

- a) **Adolescent Unit:** This unit was the first to implement the Comfort Room. Consumers are provided orientation information as to the potential uses of the room during an initial individual session with a staff member, during which time, the Personal Safety Tool is completed. Utilization information is collected through an evaluation tool that the consumer completes after each use. These evaluations are reviewed each month in Program Management meetings, with emphasis placed on those suggestions that offer realistic opportunities for improvements to either the room, or some aspect of its' utilization. To date, the room is being used almost daily, with higher usage per day when the census on the unit is higher. The typical duration of use is slightly less than one hour per visit. When using the room, consumers typically listen to music, watch TV, and/or use a "massage pillow." For safety/security purposes, the door remains locked when the room is not in use, and when used without staff observation, the door remains open. As with other such activities, use during school hours is by exception only.

- b) **Admissions Unit (AB and CD):** Comfort Rooms on the Acute Admissions Unit wards feature murals depicting scenes conducive to relaxation, and comfortable, homelike, furnishings. The rooms have “sensory boxes,” containing items such as stress balls, soft tactile devices, crossword puzzles, journaling materials, and modeling clay, from which an individual can make selections according to personal preference. These materials must be restocked on a regular basis, as some items cannot be reused. If a particular item seems especially helpful to an individual consumer, efforts are made to provide the person with that item for their exclusive use. Brochures describing what the comfort rooms are, and how to use them, are provided to each consumer shortly following admission.
  
- c) **Geriatric Unit:** Utilizing input from consumers, this Comfort Room was painted in bright, cheerful colors. A television and DVD player offers a range of sensory-oriented programming and a faux water fountain provides ambiance. Furnishings are comfortable and homelike. Large sensory “baskets,” containing various types of pliable tactile objects are provided. Due to the special needs of geriatric consumers, a staff member monitors the room whenever it is in use.

### **Personal Safety Tools**

The Personal Safety Tool has now been implemented on each treatment unit. Policy 3033, “Emergency Use of Seclusion or Restraint,” was revised in June, 2009, to include reference to the Personal Safety Tool. The tools are designed to assess for history of trauma and to incorporate consumer input regarding those stimuli and coping strategies that assist in calming the person during episodes of distress. The tool attempts to assist in gathering information regarding consumers’ trauma-related, environmental, “triggers” and behavioral/emotional signs of increasing stress. The tools are completed within 72 hours of admission for all consumers. The resulting information can be utilized to avoid inadvertent re-traumatization and to facilitate consumer participation in treatment. The use of such options will hopefully lead to continued reduction in the use of seclusion and/or restraint. A review of the usage rates and clinical effectiveness of the tools was conducted in the spring of 2009, with positive results. In an effort to evaluate the content of the Personal Safety Tools, copies of each such instrument are now being reviewed post-discharge. Results of this analysis, as well as any changes that may be made to the tool itself, or use thereof, will be referenced in future updates.

- **Comfort Kits:**

Comfort kits were developed for each of the Comfort Rooms based upon consumer preferences identified during small group meetings and as a result of comments obtained through administering the initial Personal Safety Tools. Contents of these kits are replenished as necessary to maintain a suitable variety of items for consumers.

Individualized “Comfort Kits” were completed for each consumer on the ERS Unit based upon the outcome of their Personal Safety Tool interview. Typical kits include:

- a stress ball,

- stuffed animal,
- composition book,
- music CD,
- and additional items as specified by the individual.

- **Welcome Kits:**

The ERS Unit consumer-led “Community Roles Group” has designed and created a “Welcome Kit” which is presented to each newly admitted consumer. The group decorates gift bags with a special emblem and stamped “Welcome” message. The bags are decorated and given special color-codes for holidays or annual seasons. The kits’ contents include:

- Standard hygiene items,
- A welcome message composed by the group members,
- A stress ball,
- “Word search” puzzles,
- “Find-a-picture” worksheets,
- “Identifying Emotions” information page, and
- “Tips for Managing Stress” information page.

- **Relaxation Room:**

A “sensory therapy” room was developed on Acute Admissions Ward A/B as an adjunct to the Comfort Rooms. Some consumers derive significant benefit from occupational therapy interventions directed toward enhancing their ability to integrate certain sensory inputs and processing.

Similar to the development of the Comfort Rooms, The Relaxation Room was created with consumer input regarding décor and available sensory items. The space is carpeted, with a choice of seating, including a rocker-type chair to provide vestibular stimulation. Both group and individual therapy sessions will be conducted in this area. Given the pleasantly low stimulus environment, Nursing staff members are being encouraged to utilize the Relaxation Room for individuals whose behavioral acuity risk warrants their being monitored on close observation status, creating the opportunity for additional therapeutic interventions during times in which only observation may have occurred otherwise.

- **Weighted Modalities:**

A variety of weighted stuffed animals have been used facility-wide to provide deep pressure touch, which aids in stress management. These are available in Comfort and Relaxation Rooms, and are also given to individual consumers for their exclusive use during their period of hospitalization.

Protocols are being developed for the use of weighted blankets and vests, which can be very effective for crisis prevention and/or de-escalation. After assessment by

occupational therapy, the use of these items will be recommended in appropriate circumstances.

- **Holistic Wellness:**

Most of the emphasis thus far has centered on the exercise and fitness aspect of this multi-dimensional project. Occupational and recreational therapists are currently providing several groups with this orientation, making use of exercise equipment purchased last year. These groups are made available to patients from all units. Another such focus involves outdoor sports and activities, including bike riding and games, which utilize balls and similar recreational implements. These offerings are also open to consumers from all treatment units.

A survey was completed recently, identifying current vital statistics for individuals participating in these programs. Data regarding the following were collected:

- Weight,
- Blood pressure,
- Blood sugar,
- Cholesterol levels.

These data will be re-checked regularly to determine the effects of participation in the Wellness Program.

Staff turnover in the Rehab. Department since the last update included SWVMHI's Certified Personal Trainer. The Department has identified another staff member with an interest in obtaining this credential, and hopes to facilitate such, as the facility budget allows. Having such a staff member allows for more specialized and effective use of the exercise equipment.

Training programs on nutritionally based management of weight, blood pressure, blood sugar levels, and cholesterol are currently in development. These programs signify awareness of the growing data on the various health concerns that accompany treatment with certain atypical antipsychotic medications, which include those elements listed above.

Spirituality programming has focused on deepening each individual's desire and motivation to discover more about themselves and find ways to enrich their lives and realize their potential. In consumer feedback sessions, music and art therapies have been topics of high interest. Centralized Rehab. Services currently provides several groups addressing these two topics.

### **Transtheoretical Change Model Training:**

The Nurse Managers have received training from the Director of Rehabilitative Services regarding Prochaska and Diclemente's Stages of Change Model, and have, in turn, provided education to each unit nursing staff on this model. It includes these 6 stages of change;

- Pre-contemplation,
- Contemplation,

- Preparation,
- Action, and
- Maintenance,
- Relapse.

Each stage has unique characteristics and requisite techniques for therapeutic interventions. Monthly orientation for new nursing staff members includes key points of this model so that unit nursing staff can support and encourage patients in their rehabilitation groups, in conjunction with Treatment Teams and Centralized Rehab. Services staff members. The Recovery Services Plans, which replaced the older "Treatment Plans," embody this "stage-matched" methodology as well, so it is critical that all staff members be competent in this aspect of service planning and delivery.

**OIG Unit Checklist:**

In March, 2009, each Nurse Coordinator for all four treatment units conducted a "mock" OIG Hospital Unit Checklist review, and administered Staff Interview Checklists. Overall results demonstrate continued progress toward incorporation of mental health recovery principles into routine nursing care. A synopsis of results included the following:

- Almost 80% of the nursing staff interviewed strongly agreed that the concept of recovery is equally relevant to all phases of treatment,
- That peer support can be instrumental to recovery,
- That symptom management/reduction is an important component of recovery.
- Almost 70% strongly agreed that hobbies and leisure activities are important for recovery, and that it is essential to define a "person" apart from their "mental illness."
- The majority felt that the environment was more conducive to recovery and that it is important to include a consumer in planning his or her care and goal setting, and that set-backs do not mean failure.

While the overall results demonstrate that nursing staff members are familiar with and value application of recovery principles in their practice, there are still some areas in which improvement is warranted. For example:

- Less than 40% felt that they should encourage risk taking by patients in their pursuit of recovery, and that it was harmful to have too high expectations for patients.
- More than half of the staff surveyed indicated some degrees of hesitation about fully implementing recovery principles when consumers are experiencing active psychoses or other serious psychiatric symptoms.
- More than half expressed the view that only people who are clinically stable should be involved in making decisions about their care.
- The majority of staff was unsure about the responsibility of providers to protect consumers against possible failures and disappointments.

Direct observations of the wards, almost unanimously found that staff members:

- Treated consumers with respect,
- Attempted to involve or engage consumers in activities,
- Were warm and inviting to consumers,
- Offered choices

- Facilitated access to telephones, books, games, and recovery oriented materials
- Meals off ward, to a consumer cafeteria (or on the Adolescent Unit, in the ward dining room) were encouraged unless acuity risk or medical conditions indicated otherwise
- The unit environments showed improvement, including the bedrooms, in terms of being more inviting and homelike, although there is opportunity for improvement in this area.

A repeat survey was not done in July as originally planned, partly due to competing priorities and competition for staffing resources. Such projects included the revision of nursing orientation for new staff members, adding in measures to raise awareness of recovery principles and promote their use. Future initiatives will focus on how staff members can more comfortably deal with appropriate degrees of risk-taking with consumers, and more universally apply recovery principles when consumers are acutely ill. Staff members were also encouraged to identify opportunities for consumer-led and directed programming.

### **Staff Processing Following Aggressive Consumer Events:**

The Therapeutic Options of Virginia (TOVA) program emphasizes using a team approach in dealing with aggressive consumers. As such, it is important for staff participating in a code (“Response Team” call or “Code Alert”) to “process” after an event, those elements that were successful and those that could be done differently the next time to improve the process and resulting outcome. It is the responsibility of the Charge Nurse to ensure that processing between involved staff members occurs, with assistance as needed from the Staffing Nurse Coordinator (SNC)/designee. Codes, Response, and Alert, are, in all cases, considered to be significant events and are entered into the 24-Hour Nursing Report database by the Charge Nurse/designee and “processed” by those staff members involved in the event.

### **Nursing Orientation and Preceptorship:**

Nursing orientation was revised in summer 2009 to include modules with competencies in the following:

- Recovery Principles
- Active listening skills through the “Get, Give, Go, Merge” model
- Trauma Informed Care assessment and intervention
- Forensic Nursing Skills
- Basics in Behavior Modification
- Therapeutic Environment

The Preceptorship Program for mentoring new employees was revised in late 2008 and early 2009. The evaluation forms for new staff members include measures to assess the extent to which routine activities:

- Are person-centered,
- Are self-directed,
- Consider the holistic aspect of the person,
- Demonstrate respect for the value of the person regardless of behavior,

- Empower consumers,
- Individualize care,
- Reflect a strengths-based perspective,
- Encourage peer support,
- Offer hope,
- View recovery as a non-linear process.

The overall evaluation of this new preceptorship approach has been rated as “very good.”

Another initiative, undertaken since February 2009, is a training program designed to enhance staff readiness to effectively respond to situations involving aggressive behavior by consumers. The methodology includes brief monthly training modules that are computer-based. Each successive module emphasizes one aspect of approved Therapeutic Options of Virginia (TOVA) techniques. The technique to be reviewed each month is determined by reviewing those needs identified in after-Code processing events. In September, 2009, nursing staff practiced assigned TOVA skill sets with specific workgroups, as opposed to groups of staff members with whom they may not routinely work. Efforts are also underway to clarify standard roles played by certain staff members during Codes, to reduce the amount of indecision that can result from a lack of such clarity.

Nursing staff members have noted that, with reduced numbers of acuity-related events, skills utilized in responding to such events can atrophy. In response to this realization, Nursing staff has begun conducting “mock Codes” for each shift on all treatment units. Realistic scenarios are prepared by the Unit Nurse Coordinator, with the involvement of interdisciplinary team members, both in the mock code and the post-event review. While this project is still in the beginning stages, it is regarded as a useful technique in the maintenance of required skills.

### **DSA Career Pathway Level II:**

Although this is a statewide initiative, SWVMHI has the highest response rate of Psychiatric Aides participating in Level I achievement of the DSA career ladder. A total of one hundred and twenty-eight aides completed courses such as “Individualizing Personal Care, Everyone Can Communicate, Working with Families and Support Networks, Civil Rights, and Functional Assessments.” A second level of this training is now available through the state community college system, and almost seventy aides have indicated interest in starting this 18 month program in January. The first course is “Introduction to Human Service.” This additional training is accompanied by competency demonstration and has had a positive influence on the “professionalization” of direct care givers in nursing.

### **Road Trip:**

The initial Road Trip training for existing staff was completed on November 5, 2008. In the interim, newly hired staff received no specific classroom training on Trauma Informed Care or use of the Personal Safety Tool. In order to ensure that as many staff members as possible have received this training, on October 21, 2009, a revised Road Trip was

presented to twenty-seven new employees. This was the first of several sessions planned to provide orientation to topics such as Recovery and Resiliency, Trauma Informed Care, Processing after Codes and Seclusion/Restraint Debriefing and “New Strategies” (using sensory-based modalities for stress relief and to avoid seclusion/restraint).

Recovery and Resiliency sessions are presented by a CRS team liaison and a Peer Support Counselor. An occupational therapist and nursing staff member present the Trauma Informed Care session. The Personal Safety Tool is introduced during the Trauma Informed Care section. Its’ applicability to seclusion/restraint reduction/elimination is established, and the importance of completing this tool as soon as possible after admission is stressed. Debriefing and processing is presented by nursing staff.

The “New Strategies” are presented by an occupational therapist and nursing service staff member. The use of sensory modalities is introduced, with examples of application reflecting back to the Personal Safety Tool. The concepts behind the use of comfort rooms and therapy pets are also reviewed.

Current plans are to complete training of staff (hired after November, 2008) before the end of 2009. This training effort has been an excellent example of the cooperation and dedication of Nursing and Clinical Services. The outcomes have been positive and the experience has strengthened relationships between these two divisions.

### **Trauma Informed Care:**

On September 16, 2009, several staff members attended a seminar in Wytheville, Virginia, presented by Joan Gillece, Ph.D., and Tonier Cain (a consumer). Dr. Gillece is associated with the National Association of State Mental Health Program Directors and presented an overview of trauma informed care, goals of treatment, and interventions, including safety tools, and individualized crisis plans. This training served to reinforce our approach to decreasing and eliminating the use of seclusion and restraint and improving the overall experience of individuals coming to us for treatment.

### **Peer Services:**

SWVMHI continues to support the efforts of two CSBs who are providing peer support services to their consumers during their period of hospitalization. Other CSBs continue their attempts to develop similar peer-led service modalities.

SWVMHI has successfully recruited a consumer to serve as a Peer Support Specialist. Our Peer Support Specialist has a master’s degree in Counseling and is a 32-hour-per-week employee. His duties include co-leading groups that offer a curriculum of skill and support teaching in areas of self efficacy, self esteem, and confidence. Additionally, he teaches the Leadership-Empowerment-Advocacy-Program (LEAP), co-leads Wellness Recovery Action Plan (WRAP) sessions, and works with Admissions Unit consumers on a one-to-one basis. Other responsibilities include:

- organizing the Facility Consumer Empowerment and Recovery Council (CERC),
- attending the Consumer and Family sub committee (of the Southwestern Virginia Behavioral Health Board for Regional Planning),

- writing for the SWVMHI newsletter,
- presenting information to new employees within the Road Trip orientation, and
- assisting with peer satisfaction surveys

He attended training on the new commitment laws of Virginia, bringing back and sharing pertinent information with staff and consumers.

### **WRAP Position:**

The re-posted WRAP/Peer Specialist position has been successfully filled (see above). As WRAP groups continue at the Facility, the newly hired Specialist has assisted 10 Extended Rehabilitative Services, 92 Acute Admissions, and 55 Adolescent consumers in completing individualized WRAPs since January '09.

Peer-Support Specialists from local CSBs who were previously supplying additional assistance with WRAP facilitation have turned their attention to befriending individual consumers of their catchment areas. The focus of these Peer Specialists has been to assure persons in the Extended Rehabilitative Services Units that they are not forgotten and to reinforce the connection to their home CSB through regular contact and support.

### **Consumer Empowerment & Recovery Council:**

The Institute's Consumer Empowerment and Recovery Council (CERC) has remained active. The new Chairperson has stepped up to the challenges of leading the facility committee, as well as reporting to the Regional Consumer Empowerment and Recovery Council (RCERC). He and the other four facility CERC officers attend regularly and take an active part in the committee functions of the Regional organization.

Although the Recorder and Vice chair have remained constant, the Treasurer and Representative Alternate positions have turned over due to successful discharges. The Alternate, while at our facility, attended the "In Our Own Voice" training. She has become a dynamic speaker, demonstrating the ability to connect with audiences of peers, families, and professionals. She continued to use this gift after discharge to present at consumer and family events throughout the region. Additionally, she and the previous Chairperson of our CERC shared the spotlight on the agenda to tell their stories at our annual Family and Friends Day.

A Regional CERC Retreat was held in August, 2009, in conjunction with Mary Huggins of Minnesota, to complete a follow up ROSI survey. The original ROSI was completed in August, 2005 at Camp Impact, an attempt to bring consumers and staff of the CSB in the southwestern region together and recognize efforts needed to promote partnership. Recommendations from the original Camp Impact resulted in Crisis Intervention Team (CIT) training for police officers, establishment of dental clinics in the region, and creation of the CERC and R-CERC. Recommendations from the 2009 Retreat include continued education about mental health for first responders and the promotion of more inclusive education on the side effects of medication. The group also recommended that we all celebrate the increased extent to which consumers in our area are taking charge of their own recovery!

Although CERC attendance is greater from our Extended Rehab Unit, attendance among Acute Admissions Unit consumers continues to average 6-8 per meeting.

An Activity Council has been established to govern the planning of evening, weekend, and holiday activities. This committee plans the Saturday community outings that range from dining experiences, to shopping sprees at local bargain spots as well as educational ventures. Consumers continue to express a high degree of satisfaction with these off grounds activities and now have included consumers from the Extended Rehabilitative Services Unit, Acute Admissions Unit and the Geriatric Unit.

In addition to the community trips, the Council has focused on evening tournaments, holiday parties, and on ward activities for those unable to leave the ward. They are currently planning events for Christmas and New Year celebrations.

Within the previous year, two new initiatives for those consumers interested in volunteerism were started. The Treasure Seekers Store opened, a resale opportunity that gives consumers exposure to soliciting donations, cleaning, arranging and selling donated items for profit. A partnership with the Smyth County extension agent resulted in a research opportunity for the agent and a pumpkin sale for us.

The combined profit from these endeavors has been designated for new gameroom equipment, and both the Activity Council and CERC are involved in the selection of items for purchase.

Approximately 20-30 consumers attended the 6<sup>th</sup> Annual "SWVA Walk for Recovery" at Emory & Henry College on April 4, 2009. Pete Earley, Washington Post Reporter and New York Times best-selling author, gave the April 4, 2009, keynote address; "Crazy, A Father's Search Through America's Mental Health Madness," which was derived from Mr. Early's book of the same title. Plans for the Seventh Annual "Walk" are underway for April, 2010, with the expectation of SWVMHI's continued participation.

There are no plans to present at the 2009 VAPRA Conference due to budgetary constraints. Our efforts will continue to support consumer involvement in present initiatives with possible expansion of in-house training.

### **Mental Health Week Activities – 2010:**

Sponsored by the Mental Health Creative Ideas Committee, an event has been confirmed for May 15, 2010, at Emory & Henry College gymnasium. Stephen Pocklington, Director of the Copeland Center, has agreed to serve as keynote speaker for the 2010 event. Cynthia McClaskey, Facility Director, will introduce Mr. Pocklington. As part of next year's mental health events, plans are to show the Soloist at the Cinemall in Abingdon on a Monday and Tuesday at 4:00 p.m. and 7:30 p.m. Several persons have agreed to participate as panelists for discussion of mental health issues following the movie showing, including Russ McGrady, SWVMHI's Clinical Director. Cynthia McClaskey, Director, Cheryl Rhey, Rehab. Director, and Robyn Anderson, Community Services Director, are members of the Creative Ideas Committee.

### **Satisfaction Survey Update:**

Baseline measures, taken in January, 2008, revealed a 77% satisfaction rate with services provided in Central Rehab. Area (Treatment Mall). A follow-up survey in July, 2008, revealed 87% rate, as did the same measure in December, 2008. Current surveys for 2009 reveal a 90% satisfaction rate.

### **Recovery Services Plans:**

Recovery Services Plans are now in regular use by all units. Training for treatment team members was completed in January, 2009. A planning meeting is scheduled for November 18, 2009, to discuss a project to provide training for treatment team members hired since January 2009, and to develop a means for training new staff in the Recovery Services Plans as they join treatment teams. The workgroup will also discuss final revisions to the forms in anticipation of finalizing them. The Recovery Services Workgroup members were assigned as mentors to each team. The workgroup members also reviewed all current medical records in a snapshot study in June and provided individual feedback to treatment teams to improve the recovery planning process. In SWVMHI's recent Periodic Performance Review (June 2009), the Joint Commission Surveyor praised the Service Planning instrument, and indicated that she was very impressed by the effort to involve patients in the recovery planning process, and evaluation thereof. In April 2009, SWVMHI began administering a five question satisfaction survey after each consumer's Service Planning session in order to assess the impact of the new tool and process from the consumer's viewpoint. These data are compiled monthly and shared on each treatment unit, as well as being included in the units' quarterly Quality Management Report