

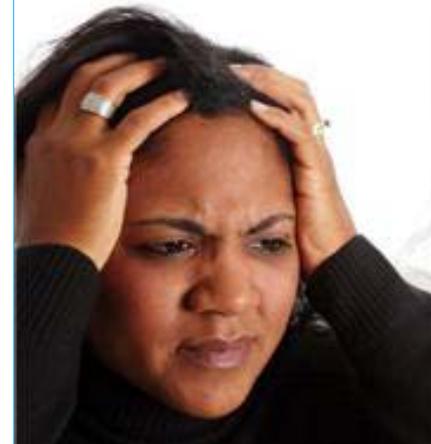
PROJECT #4

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INTRODUCTION

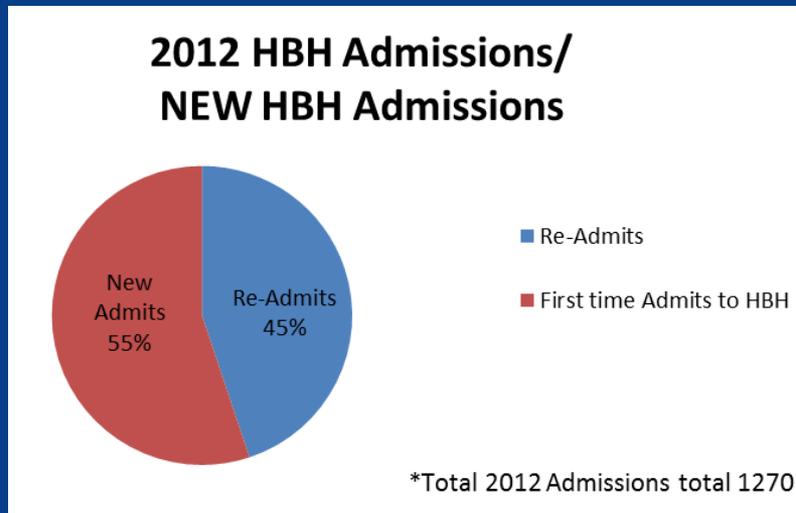
- This project is designed to minimize trauma to individuals as it relates to their first admission to our system (Heartland Behavioral Healthcare).
- *“Psychiatric trauma” is defined by medterms.com, 2012, as: “An experience that is emotionally painful, distressful, or shocking and which may result in lasting mental and physical effects.” According to Mueser et al., in press, Mueser et al., 1998, 90% of public mental health consumers have been exposed to trauma.*
- This program will consist of:
 - Inpatient as well as outpatient encounters
 - Fostering continuity of care
 - Focus on the consumer’s overall well-being
 - Assisting the consumer through the experience *with support*



BACKGROUND & RESEARCH

The focus of this project was data-driven based on research from 2011-2012, obtained through PCS and Heartland's QA/PI and PI indicators. The research showed **55% or 700/1270** of Heartland's admissions were new to our system, which is a significant percentage.

Based on the aforementioned statistic, we can assume that 630 consumers have experienced psychiatric trauma.



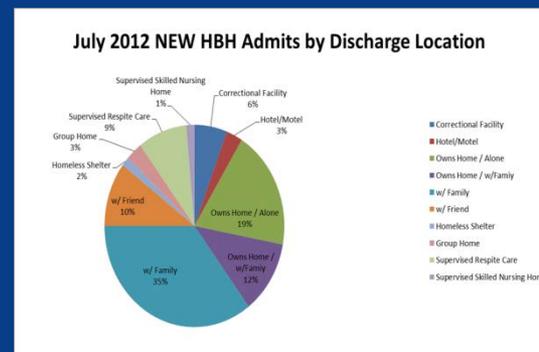
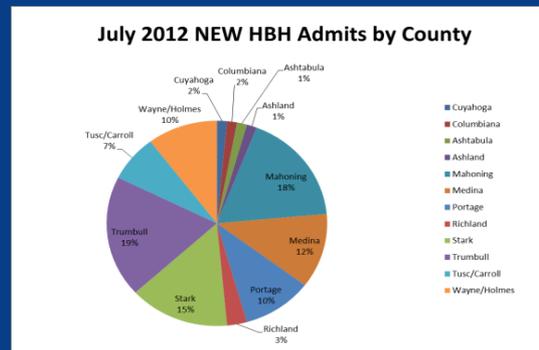
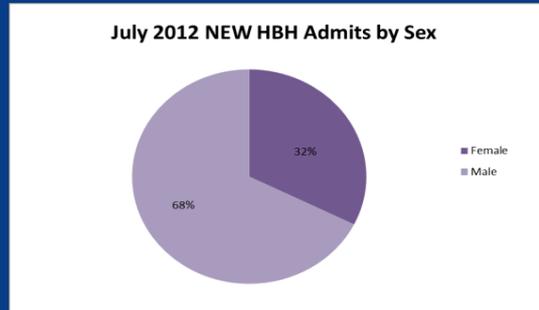
The goal of this project is to reduce re-hospitalization and minimize consumer trauma while providing appropriate linkage and support.

*Quality
Vs.
Quantity
Measuring both
hospital goals
(i.e. getting out,
staying out) as
well of quality of
life.*

BASELINE RESEARCH

Review of the data and demographics suggests that first-time admissions to our system consist of following:

- *Age 40-60*
- *Caucasian*
- *Male*
- *Primary diagnosis: Unspecified Episodic Mood Disorder*
- *One-third suffered from a secondary diagnosis*
- *14% suffer from unknown substance abuse*
- *Unemployed*
- *Reside in Trumbull County*
- *Average length of stay 14 days*
- *Discharged with family*



Although this program's interventions will remain consistent for all first-time admissions to our system, this research does give valuable insight into other items of focus.



PROJECT PIONEERS

- CONSUMER
- HEARTLAND BEHAVIORAL HEALTHCARE
 - Client Advocate
 - Clinicians
 - Administration
- FAMILY/LOVED ONES/NATURAL SUPPORTS
- CERTIFIED PEER SUPPORT SPECIALISTS
 - *Heartland Behavioral Healthcare (CPSS)*
 - *Community (CPSS)*
- NAMI STARK COUNTY
 - *NAMI Stark County Family Involvement Program, which is funded through the Mental Health and Recovery Services Board of Stark County*



These individuals will establish positive relationships to support the consumer throughout their recovery tenure.



Stark County

PROJECT PIONEERS

Within 24-72 hours,
prior to the their first treatment team meeting,
the consumer will meet with:

- HBH Certified Peer Support Specialist (CPSS)
- Family/loved ones/natural supports
- NAMI Stark County Family Involvement Program representative

In the community, project pioneers will help to:

- Identify resources that provide support
- Educate and advocate for both consumers and their family/loved ones/natural supports

The project pioneers will work collaboratively to provide support and education to limit both re-hospitalization and trauma.

Our expected outcome is contingent upon fostering and nurturing relationships that begin immediately in the hospital and extend into the community.



TARGET AUDIENCE

- First-time psychiatric consumer to Heartland Behavioral Healthcare
- The secondary target audience will be the consumer's family/loved ones/natural supports
- The third demographic will be all Heartland employees with the goal of education surrounding Trauma Informed Care



TRAUMA INFORMED CARE

- Project Pioneers have completed training in Trauma Informed Care
- Currently, the team members have developed curriculum with respect to Trauma Informed Care
- This curriculum will be used to intensively train all staff members who interact with clients, on a pilot unit
- Throughout training and implementation, data (quantitative and qualitative) will be collected
 - *This data will be powerful in illustrating the wide-reaching benefit of treating the consumer while ever-cognizant of trauma and its effects*
- The goal of the training and implementation of the interventions should affect the following in a positive manner:
 - *Decrease in clinical incidents*
 - *Decrease in STAT med orders*
 - *Decrease in Seclusion and/or Restraint*
 - *Increase in Patient Satisfaction*
 - *Decrease in Readmission rates*
 - *Decrease in Complaints and Grievances*
 - *Increase in Employee Satisfaction*

Trauma Informed Care will play a *critical* role in the provision of quality services for our clients, done in a way that is sensitive to their past and how best to aid in their recovery.



RESEARCH

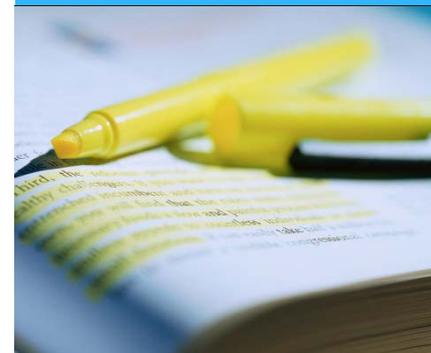
- *A review of Heartland's seclusion/restraint data for the period of 8/1/2012 through 7/31/2013 was conducted through psychiatric exam information, PCS, and individual patient charts.*
- *The review revealed 94 patients were secluded and restrained during this period and many of these individuals multiple times.*
- *Trauma categories were broken down into the following categories:*
 - *Alcohol/Substance Abuse*
 - *SIB (spell out)*
 - *Sexual Abuse and Rape*
 - *TBI (spell out)*
 - *Family Member Murdered or Suicide at Young Age*
 - *Family Abandonment at Young Age*
 - *Physical/Verbal Abuse*
 - *Fatal Auto Accident*
- *This data revealed that 95% of our patients experienced some issue of trauma, **which is slightly above the clinical studies we have reviewed at 90%.***
- *Based upon the data collected, it is paramount education surrounding trauma informed care be at the forefront clinically in order to address the needs of our patients. Education must be offered for all employees who engage and interact with our patients in order to promote positive clinical outcomes.*



It is important to note that the data collected was only on the information reported; most do not report.

RESEARCH

- *In an effort to ensure that Project #4 is beneficial to our clients, our team has researched several evidence-based practices as well as emerging best practices. We narrowed the Trauma Informed Care treatment models to four:*
 1. *Patient-centered care, (Shaller, 2007 & Pelzang, 2010);*
 2. *Shared decision making (SAMSHA & Elwyn, et al, 2011);*
 3. *Relationship-based model (NREPP, 2012);*
 4. *Personalized, proactive, patient-driven care (Gage, 1994 & Phillips, 2013, also the model of intervention utilized by the Veteran's Health Administration).*
- *All four of these intervention/treatment models share several commonalities including:*
 - *Keeping the person/client first*
 - *Communication with the clients and other professionals*
 - *Working with the client creating a team that is centered around the client*
 - *Developing a relationship with the client*
 - *Building on the client's strengths*
- *As we continue to delve into the studies conducted surrounding Trauma Informed Care, the listed literature is comprehensive and not meant to be exhaustive*



INTERVENTIONS

- Training and Education, for all involved, surrounding Trauma Informed Care
- Upon admission, within 24-72 hours, the consumer will meet with the project pioneers
- **The emphasis on all interventions will be on discharge planning and community connectivity**
 - *The consumer's discharge plan will be developed collaboratively with the consumer, treatment team, family/loved ones/natural support, HBH Certified Peer Support Specialist and NAMI Stark County*
- These interventions are designed to provide the consumer layers of support with the goal of gauging the consumer's transition, including:
 - Outpatient Services (i.e. doctor's appointments, medication, therapy, etc.)
 - Access
 - Support/Education/Advocacy
 - Concerns/questions
 - Community groups
 - Goals and general welfare
- The services provided will also address any barriers, issues or concerns



INTERVENTIONS – HBH CERTIFIED PEER SUPPORT SPECIALISTS

- Upon admission, the consumer will meet with the HBH Certified Peer Support Specialist (CPSS) within 24-72 hours.
- The HBH Certified Peer Support Specialist (CPSS) will engage the consumer to establish a relationship built upon trust, support and empathy. The relationship forged will assist the consumer in understanding the system, reducing trauma, and providing hope by working with someone who understands.
- The HBH CPSS will meet with consumer to:
 - *Review rights*
 - *Establish initial relationship*
 - *Provide support for initial Treatment Team meeting, with a focus on trauma informed care*
 - *Gauge progress*
 - *Elicit feedback*
 - *Answer questions*
 - *Follow up on general provision of care and overall wellbeing*
 - *Begin implementation of discharge planning*



Once a therapeutic relationship has been established and through the use of their life experiences, the HBH CPSS will serve as an advocate, educator and professional resource.

INTERVENTIONS –

HBH CERTIFIED PEER SUPPORT SPECIALISTS

- HBH CPSS and NAMI Stark County will continue to meet with consumer to more clearly define the discharge goals specific to their recovery.
- HBH CPSS and NAMI Stark County will work collaboratively to provide connectivity to support their goals.
- *HBH CPSS will begin to research CPSS available in the community for continuation of therapeutic relationship post discharge.*
- HBH data suggests that most consumers are at risk for re-hospitalization within the 7-10 day time frame; therefore, upon consumer discharge, the HBH Certified Peer Support Specialist (CPSS) will provide the following interventions:
 - **Phone call after 72 hours**
 - **Home visit to occur within 7-10 days**
 - **Access to the 24 hour HBH discharge hotline**



INTERVENTION & CONNECTIVITY- NAMI STARK COUNTY

- *As a part of NAMI Stark County's Family Involvement Program, which is funded through the Mental Health and Recovery Services Board of Stark County, NAMI Stark County will link and integrate family/loved ones/natural supports with treatment teams.*
- NAMI Stark County will:
 - Meet with consumer, establish initial relationship *servng as an advocate, educator and community liaison*
 - Elicit consent to speak with family/loved ones/natural supports
 - Work as a resource to the social workers and with Treatment Teams to develop discharge planning with an emphasis on trauma informed care
 - Provide resources for connectivity that may include NAMI educational classes, linkage to community peer support, education for families (i.e. NAMI Family to Family, NAMI Peer to Peer, NAMI Basics, NAMI Connections, and WRAP©)



Stark County

INTERVENTION & CONNECTIVITY- NAMI STARK COUNTY

- NAMI Stark County will utilize their skills and knowledge base within the community to link the consumer and their family/loved ones/natural supports with the appropriate services (i.e. NAMI Family to Family, NAMI Peer to Peer, NAMI Basics, NAMI Connection Peer Support Group, and WRAP®).
- If clinically appropriate, NAMI Stark County and consumer will attend mental health meetings applicable to their goals and understanding of their illness. Attendance of meetings may include members of their support system.
- **NAMI Stark County will also work in collaboration to provide the linkage between consumer and community Certified Peer Support Specialist – establishing a seamless transition into their county of residence.**

CHALLENGES & BARRIERS

The program poses potential obstacles such as:

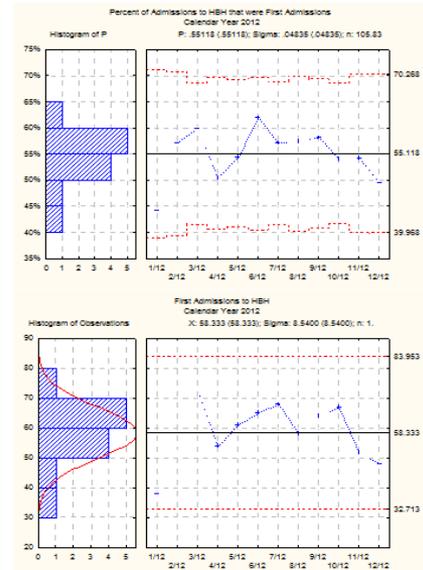
- *Resources*
- *Delayed discharge/bed days*
- *Realistic time frames for interventions*
- *Communication amongst hospital disciplines and community*
- *Consumer and family/loved ones/natural supports participation*
- *Staff acceptance of Trauma Informed Care*
- *Safety*
- *Access to limited county resources*
 - *Certified Peer Support Specialists*
 - *NAMI Affiliates*
 - *Outpatient Services*

The issues identified will be addressed through HBH Administration and Leadership with the goal of continual quality improvement.



DATA AND OUTCOMES

- The program pioneers, Heartland Behavioral Healthcare QA/PI department and Heartland's Leadership will compile all data related to this project.
- Through the collaboration of Heartland Behavioral Healthcare and NAMI Stark County, a new data tracking system, including indicators specific to our project, will be implemented.
- In addition, NAMI Stark County will be collecting data concurrently as it pertains to the family involvement program.
- The new tracking system will be instrumental in identifying patterns, trends and necessary improvements to the project.
- Quantity vs. Quality



Ultimately, the data collected will clearly illustrate the impact and success of this project.

CONCLUSION & SUMMARY

- This proposed program will work to reduce re-hospitalization and minimize trauma for consumers newly admitted to our system.
- The linking of Heartland Behavioral Healthcare, HBH Certified Peer Support Specialists (CPSS) and NAMI Stark County Affiliation will serve as an all-inclusive, three-pronged approach to consumer care and success, considering treatment/recovery at both the micro and macro level.

