



# CRESTWOOD BEHAVIORAL HEALTH INC.

## ANNUAL PERFORMANCE ANALYSIS REPORT 2011

### OPERATIONS REPORT

**Providing a Safe Place to Land** and then a welcoming place to settle into for clients in crisis is the initial goal for Crestwood Behavioral Health Inc.'s (CBHI) variety of programs.

In Crestwood's Psychiatric Health Facilities (PHFs), we strive to provide a comfortable, nurturing and intensive program where many individuals have their initial encounter with the mental health systems. The PHFs employ the Living Room model, a Best Practice and a recovery-orientated approach to crisis services. The Living Room model includes a large, relaxing living room; dining room and kitchen; group rooms; sitting areas for just visiting; and a serenity room with chaise lounges, walls painted darker soft hues, art and music for contemplation, meditation and peace of mind.

The next step in the continuum for clients may be a Mental Health Rehabilitation Center (MHRC), which provides extended time for recovery in a setting rich with counseling, psycho-education groups, creative arts, peer providers, family support, addiction support groups, life skills training and beautiful grounds to spend your days. These programs provide a high level of structure, supervision and support. These are locked settings and are generally designed for brief length of stay, usually 4 to 5 months.

The next step for clients may be a Transitional Residential Program at our Bridge programs either in Fresno, Bakersfield, Pleasant Hill or Eureka. These programs provide the supports found in an MHRC in a community setting with 15 to 16 beds, allowing clients the opportunity to start participating in real world experiences again. Clients are enrolled in community colleges, completing GEDs, working in the community and frequently may be reunited with families.

Crestwood also provides Residential Care Facility for Elderly (RCFE) programs at our Vallejo and Eureka facilities. RCFEs are where you will meet a warm and nurturing staff in a beautiful traditional home-like environment with a focus on support for the older adult. This program also provides intensive behavioral supports required for our clients to achieve the highest level of independence. These programs opened late in 2009 and have been growing beyond our expectations as the older populations increases.

At our American River Residential Services and Our House programs we offer extended compassionate support, while providing the structure and stimulation to enable individuals to attend college, work in the community and to live in the most independent setting possible.

Some of these programs provide clinical service and some provide day treatment. All of our programs provide peer providers, WRAP, and vocational training leading to meaningful roles whether through work, volunteerism or friendship. All of our behavioral health programs offer compassionate care in the most home-like environment possible. We see the relationship between the client and the staff as the foundation for all other therapeutic tools. All of our programs provide choice and empowerment to enhance the level of participation and ownership in the programs and in each individual's path to recovery.

In 2011 we focused on making spirituality a core value to recovery allowing each individual to determine their own path, whether silently or in the community. Crestwood has been a leader in expanding the role of spirituality in mental health recovery for more than a decade, presenting throughout the United States and taking a leadership role in the California Mental Health Spirituality Initiative.

All of Crestwood's programs support the value of home cooked food and a full stomach with the highest level of nutrition afforded. Food is frequently the highest need identified by people with lived experience and frequently the lowest priority in behavioral health centers. We have tried to correct this and put a strong emphasis on the culinary experience in 2011.

## **INITIATIVES IN 2011**

### **Reduction of Seclusion and Restraints**

Crestwood's journey to eliminate the use of seclusion and restraints started in early 2008 with a two-day training that was focused on creating violence and coercion free environments. The training was led by Kevin Huckshorn, RN, MSN, ICADC, and Janice LeBel, PhD, both internationally known experts on the topic of restraint reduction and trauma-informed care.

Since the training in 2008, Crestwood has developed an overall corporate plan to assist and support the elimination of the use of restraints, with the ultimate goal of totally eliminating the use of coercive care throughout Crestwood. Each facility developed an individual plan that has been reviewed by the corporate office with ongoing consultation from Kevin Huckshorn and Janice LeBel. Facilities also provide a monthly report of any incidents of seclusion and restraint, along with both client and staff debriefing forms, to the Director of Clinical Services for review by the Corporate Restraint Committee. This information is analyzed and tracked with any trends or concerns being discussed and addressed at both the corporate and facility levels. Each facility also has a Restraint Reduction Committee that meets regularly to address any issues or concerns that arise in individual facilities.

These actions by Crestwood are creating a trend of decreased restraints and a greater understanding and awareness of the issues surrounding their use. We have outcomes collected in the seclusion and restraint reduction binder. Last August, Crestwood received a grant from SAMSHA to attend the Effective Use of Peer Programs to Prevent the Use of Seclusion and Restraints Conference in Boston. Crestwood was recognized at the training as one of the leaders nationally on reducing seclusion and restraint throughout the organization. Our level of seclusion and restraint for similar programs was one third the national average. Crestwood is also working on incorporating trauma informed care into each program, using WRAP principles in correlation with trauma-informed care to create antecedent plans for clients and for staff.

In 2012 this effort continues as Crestwood was awarded a SAMSHA sponsored training on Integration of Trauma Informed Care in our programs, with goals of eliminating seclusion and restraint. This will be part of our 2012 annual strategy.

## **WRAP**

Wellness Recovery Action Plan (WRAP) is an evidenced-based treatment tool that Crestwood has been using for ten years. This initiative has been to expand and instill WRAP into all of our services and staff. WRAP has been implemented in each one of our programs, with a variety of approaches being used. While the curriculum of WRAP has core values and ethics that are to be adhered to, there are a variety of ways that it can be taught. Providing WRAP in a variety of approaches enables the client to choose the kind of approach that most directly appeals to their needs and interests.

WRAP is typically conducted 4-5 times per week, with several leaders, including a Copeland Center Certified WRAP Facilitator leading the oversight of the curriculum, and leading groups. Lynn Gurko, Crestwood's Director of Recovery Services, and a Copeland Center Certified Advanced Level WRAP Trainer, has developed a curriculum that enhances the skills and process of shared power.

A typical WRAP class would involve an open-ended or time-limited class cycle (depending on the facility). A WRAP group would have the leader and clients in a circle, binders open, going through their plan together. It is a requirement of the WRAP curriculum that if you are going to teach it, you MUST be actively working on your own plan. This would include the group leader, sharing at an appropriate level, what is in their own plan.

Other forms of WRAP groups include, but are not limited to:

- WRAP for women and WRAP for Men.
- WRAP to work.
- WRAP overview trainings for staff to create their own plan (this includes ALL staff, regardless of whether or not they will be teaching it). Crestwood has provided this overview training for approximately 1,500 staff in the past decade and in 2011 trained 264 staff.
- Applying WRAP to your life outside of the facility i.e. when you get discharged, when you go home for a visit with your family, etc.
- WRAP for School in our supported education programs.

The advantage of having the majority of the Crestwood workforce oriented to having a WRAP plan is that they can support the program through sharing in the common language of the plan, and it assists in the reduction of the us/them power differential that can impede establishing a therapeutic relationship. Programs that conduct WRAP classes four to five times per week have higher statistics in discharging their clients to lower levels of care.

In 2011 Crestwood trained and provided WRAP to 317 clients. In 2011 Crestwood took WRAP to the community to support our clients as they emerged from our centers into the community. Mertice “Gitane” Williams taught WRAP to Work at a local Wellness and Recovery Center and in 2012 will teach it at an Employment Development Center. So clients are exposed to WRAP in many forms throughout their stay with Crestwood, as well as continuing to access it in the community upon discharge.

## Environment

Crestwood was built on a foundation of properties that were not designed for mental health recovery programs. They were actually large nursing homes, most of them built in the late 1970s. These structures have great architectural “bones”, but do require a great deal of restructuring and space repurposing to be productive and effective. Crestwood sought to recreate the spaces to be a home-like therapeutic environment. We initiated a Quality Improvement process and started with research by visiting programs throughout California and other states and researching best practices. As part of our research, we found that the Behavioral HealthCare journal dedicates at least one issue annually to Mental Health Recovery space, both functions and aesthetics. As a result of our

research we discovered colors that were conducive to our clients' recovery and have tried to keep these consistent in all of our programs. We also have identified certain spaces that add to recovery, including a serenity room, comfort space, a welcoming room where we can conduct welcoming rituals, comfortable dining rooms that feel like a kitchen and living space in both common and individual rooms. This project has been ongoing since 2008. In October 2011 we received accolades from SAMSHA on the effectiveness of our environments in fostering mental health recovery. We also pride ourselves on becoming a statewide model for the Psychiatric Health Facility (PHF) environments from the California Mental Health Directors Association PHF work group.

## **Dialectical Behavior Therapy (DBT)**

Dialectical Behavior Therapy (DBT) is a modified cognitive-behavioral treatment that was originally developed to treat chronically suicidal adult women diagnosed with borderline personality disorder (BPD). All findings suggest that DBT is more effective at targeting and reducing suicidal and non-suicidal self-injurious behavior, improving treatment retention, reducing medical lethality of suicide attempts, decreasing hospitalizations and ER visits. It is also effective at reducing therapist burnout and costs associated with treatment of multi-diagnostic clients. The DBT implementation project at Crestwood kicked off with a series of multiple days of training and ongoing consultation in 2009. The focus continued into 2010 with training to assist clinical teams with the implementation and development of full DBT programs with 7 individual teams. Each team met weekly and received monthly consultation from the Behavioral Tech trainers. There was one final training and graduation in April 2010 to bring all the teams back together to check in, update and be certificated. The training was led by Linda Dimeff, Ph.D. and Cedar Koons, LCSW from Behavioral Tech.

In 2011 Crestwood trained an additional 35 DBT therapists through an intensive developed curriculum that was taught by the leadership team of Crestwood DBT trainers. This training took place over 12 months and required rigorous readings and studying to be able to take the course. The course was completed by 35 staff who are now actively providing DBT in San Jose, Sacramento, Pleasant Hill, Fresno, Napa Valley, Vallejo Solano and Bakersfield.

## **Spirituality**

In 2011 Crestwood launched spirituality as a core program element. Spirituality has been a foundational pillar in our recovery philosophy and we have been leaders in this area across the state. We believe it is our responsibility to inquire about, embrace, and support the spiritual lives of the people we serve. This includes individuals from diverse, multicultural communities, and people who are bilingual and monolingual. Spirituality and religion can be important components of recovery, and they have too often been overlooked, minimized, and many

times labeled as pathology, leaving clients with little hope for themselves and their futures. At Crestwood, we provide an initial and ongoing spiritual assessment and inquiry as an integral part of our programs. We measure the level of spiritual support offered in the programs through the bi-annual Behavioral Health Metrics.

## Meaningful Roles

In 2011 Crestwood employed 113 Dreamcatchers through the relationship with the not for profit Dreamcatchers Empowerment Network (DEN). Supported employment and supported education was promoted in 2011 to all of Crestwood's behavioral health programs, with outcomes including 163 clients in school or who volunteer. Supported employment and supported education are evidence-based treatment tools and we believe it is the key to de-institutionalization and successful integration into the community for our clients. Crestwood's partnership with Dreamcatchers Empowerment Network has provided a rich experience in 2011 with employing clients at all levels of services, as well as in the competitive employment in the community. The DEN partnership has enabled us to expand the supported education to include adult education at most of our sites. Some of our facilities also have clients enrolled in college and are completing certificated programs through the community college system.

## Technology

In 2010-2011, Crestwood launched our wide-ranging technology roll out which included the following:

- **Domain Controllers/File Servers** at each facility site, implementing authorized user authentication, information security guards based on roles and users, and allowing back-up capabilities thorough the company.
- **Private MPLS Network** (Multiprotocol Label Switching), which is a private network that allows fast and secure flow of information, as well as remote support to all users.
- Creation of **Disaster Recovery** site and back-up redundant capabilities.
- Implementation of **Centralized Internet Service** delivery, increasing network and information security.
- Implementation of **VOIP** (Voice over Internet Protocol), allowing voice packets to be sent over a locked Internet, reducing costs and increasing system flexibility.

Best practices have been achieved and HIPAA HiTech standards have been met.

## Culinary

In 2011 Crestwood launched a culinary initiative hiring a culinary specialist with a gift for empowering and responding to those with mental health issues. Our goal is to provide the most healthy and satisfying food to the people we serve at a sustainable cost. Over the last decade we have seen the evidence that refined sugars, flours, and fats are directly responsible for metabolic diseases such as diabetes. Reducing or eliminating these ingredients from our diet can save an enormous amount of resource dollars, while improving the quality of life and health of our clients. As the providers of the health and wellness of our clients, Crestwood has the opportunity and challenge to use this information by focusing our food-purchasing and dietary program on healthy behaviors.