



# **Crestwood Behavioral Health Inc. Annual Performance Analysis Report 2013**

## **Business Function Goals:**

1. Crestwood Behavioral Health Inc (CBHI) delivers recovery-oriented behavioral healthcare in a socially responsible and sustainable manner.
2. We align with our partners including persons served, family, staff, county and regulatory agencies to provide innovative and adaptable services.
3. We continue to work on enhancing our partnerships with our stakeholders in order to respond to the unique needs and economic reality of our diverse communities.
4. We achieve excellence through setting and adhering to optimal standards guided by best practices, core values and integrity.

## **A. Business Function Indicators**

### **1. Budgetary Summary:**

- 2013 was the beginning of the fiscal recovery for Crestwood Behavioral Health Inc. The trends were directly related to the fiscal recovery for the state of California. As an organization we were able to meet and exceed our allocated census goal that was set in the 2013 budgets. We maintained the proposed budget in 2013 with close fiscal controls at each site and through routine corporate monthly reviews of each program and corporate financials. The reviews are conducted at a monthly meeting with all of the Vice Presidents and the CEO. Corporate and program specific budgets are available.
- The corporate growth projection was flat for 2013 due to the need for fiscal conservative protocols and controls. The census growth, however, was above budgeted as a result of increased referrals and placement of clients within our system.

### **2. Accessibility Summary:**

Crestwood was able to address accessibility challenges at each facility site during 2013. The following is used to assess the accessibility needs of the person served, personnel and other stakeholders.

- a) **Environmental:** Our facility environments are inviting and atmospheres are friendly. Facilities continually seek ways to make it more homelike and beautiful. Facilities are kept at a comfortable temperature and clean.
- b) **Attitude:** Crestwood facilities have a welcoming and supportive attitude. Our staff is willing to assist in meeting stakeholder and client needs. Recovery-based language is used, including person first. Stigmatizing language and condescending references are not tolerated. Clients are encouraged to actively participate in the facility community.
- c) **Financial:** All insurance, including Social Security benefits, are accepted. Facilities are willing to negotiate rates and other expenses to meet the needs of clients and stakeholders.
- d) **Employment:** Crestwood is an equal-opportunity employer. Our staff has varied backgrounds and people with lived experience are recruited. Opportunities for internal advancement are offered as they occur. We have had three promotions to Administrator positions and 7 promotions to facility- level leadership positions.
- e) **Communication:** Communication is valued between all corporate departments, the facilities, staff at all levels, the clients we serve, families, and stakeholders. Avenues of communication include written, electronic, and telephone. Clients are encouraged to provide input. This is done formally through bi-annual surveys, newsletters and a wide range of meetings. There is also the monthly corporate weekly resident council meetings, formal grievance procedures and an open door policy among management. Translation services are provided at all sites through a corporate contract. A new policy and procedure was developed and the Diversity Plan was revised to include linguistically competent services through translation.
- f) **Transportation:** The facility sites are easily accessible by public transportation, by car, and most facilities are off several major freeways. When transportation barriers are identified, facilities have vehicles to provide needed transportation to client and stakeholders.
- g) **Cultural Considerations:** Facilities conducted training to introduce staff to the culture of trauma. This directly relates to our trauma-informed care initiative and efforts to eliminate seclusion and restraints.

**3. Financial (Census) –**

Census exceeded the corporate goal due to increased referrals. This has occurred primarily during the second half of 2013. Census reports are available.

**4. Surveys:**

- Department of Social Services (DSS) shifted licensing and certification responsibility to the Department of Health Care Services (DHCS). DHCS was able to provide the yearly survey at all required sites. The Community Housing facilities and Inpatient facilities are only required to have surveys every two years. However in 2013, we had the following surveys with the following results:
  1. PHFs: 2 citations
  2. MHRCs: 23 citations
  3. Transitional Residential Programs: 0
- Department of Social Services (DSS) did continue to conduct licensing surveys at the Community Housing programs. They are required to survey every two years and when unusual incidents are reported. The following are the survey results:
  1. ARF Deficiencies: 4
  2. RCFE Deficiencies: 4

**5. Risk Analysis:**

The reportable incidents are: Fall, AWOL, Behavioral altercations, property destruction, self-inflicted injury and choking. The following are the incidents and analysis that occurred in 2013

- Client falls have decreased from 32 in 2012 to 24 2013. There are facility QUIPs and they are being continued throughout 2014.
- Mechanical Restraints have decreased by 88% from 2006 to 2013.
- AWOLs have increased from 48 in 2012 to 61 in 2013. Facility QUIPs are in process.
- Self-harm incidents have decreased from 152 in 2012 to 111 2013. The Dialectical Behavior Therapy (DBT) initiative has been focused on elimination of self- harm incidents.
- Behavioral altercations have increased by 48% due to admittance of clients who are less stable upon admission. Outcomes of the behavioral altercations in 2013 are that 66% have no apparent injury and 36% of the altercations occurred in the hallways, while 22% occurred in the client bedrooms. 12% of the altercations took place in the backyards. Facility QUIPs are in process. The corporate initiative on elimination of restraints and seclusion addresses this from a corporate perspective.

- Other Incidences: Primarily consisted of client's aggression towards staff, however, other incidences were coded as unprotected sex, unknown cause, and suicidal gesture.

**6. Employee Satisfaction:** The four components of the Employee Satisfaction Survey are communication, job/program knowledge, job satisfaction and human resources. Staff percentages of returned surveys ranged from the mid to high 80 % to the high 90 %. These percentages are within the acceptable range. The satisfaction challenges are related to satisfaction with health benefits, which is directly related to our fiscal controls. Human Resources addressed this.

### **7. Human Resource Turnover**

- The employee turnover was higher than our goals and higher than industry standard. The industry standard for turnover is 35% Crestwood has the rate of 48% for 2013. The challenges with high turnover were related to reduced benefits and lower pay rates than other industries for entry-level positions. The plan is to review current hourly rates and do review of competitors in the surrounding community. This information will be included in the budget forecasts for 2014 and 2015.

## **Service Delivery Goals**

1. We provide opportunities and support for persons served to lead meaningful, healthy and fulfilling lives in the environments where they live, learn, work and socialize.
2. We will provide a full spectrum of recovery-based services that achieve the highest standard of service delivery and stakeholder satisfaction.

## **B. Service Delivery Indicators:**

### **1. Client Satisfaction:**

The four components of the Client Satisfaction Survey are recovery, staff helpfulness/availability, program effectiveness and overall satisfaction. The return rate for these satisfaction surveys for 2013 is 78%. All satisfaction components exceeded the 80% threshold. However the following concerns were found in specific programs and a QUIP was initiated:

- Food
- Group dissatisfaction
- Staff availability

### **2. Grievance/Complaints Summary:**

- All grievances and complaints were resolved at the facility level.
- Our facilities promote advocacy and adhere to an open door policy.
- Grievance forms are available throughout the floor.

### 3. Outcomes Report:

- **Community Integration:** 85% of clients participated in community outings. 50% of the clients participated in peer passes. All clients who are eligible can participate in self-passes. Clients involved in community re-entry have fluctuated within the past 6 months.
- **Wellness Recovery Action Planning (WRAP):** WRAP is offered every day of the week to our clients. 90 % of staff are trained in WRAP. More than 80% of the clients have completed their WRAP plans. WRAP materials are available at all times to the clients.
- **Education Participation:** There were 20% of clients in the GED program and 8% of clients participated in community college.
- **Employment Preparation/Stakeholders Outreach:** 50% of the clients participated in pre-vocational training.
- **Client Participation: (program)** - There were 10% of clients who participated in 10 hours or less of program a week, while 90% participated in 20 hours or more.

### C. Corporate Compliance Report

- There were no reports to corporate compliance or identified breaches in the corporate compliance plan in 2013.

### D. Identified Initiatives

#### **Elimination of Restraint and Seclusion and Trauma-Informed Approaches**

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. Crestwood received a grant from SAMHSA 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 2013 this effort continues as Crestwood was awarded a SAMHSA sponsored training on Integration of Trauma-Informed Care in our programs, with goals of eliminating seclusion and restraint. This will be part of our 2014 annual strategy.

## **WRAP**

Wellness Recovery Action Plan (WRAP) is an evidenced-based treatment tool that Crestwood has been using for more than 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.
- 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.

## 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 SAMHSA 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. The training was led by Linda Dimeff, Ph.D. and Cedar Koons, LCSW from Behavioral Tech.

Crestwood has trained additional 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.

## Spirituality

Crestwood continues to have 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

Crestwood employs Dreamcatchers through the relationship with the not for profit Dreamcatchers Empowerment Network (DEN). Supported employment and supported education is promoted to all of Crestwood's behavioral health programs. 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 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

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 through 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.

## Wellness

Crestwood has 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.