

National Coordinating Center to Reduce and Eliminate the Use of S/R: Project Overview

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May 3, 2005

S/R Activities in 2004-2005

- Provided onsite two-day training or consultation for NV, OH, IL, WA, NACBH, TX
- Presented at conferences including APDDA, AK, CT, ME, MA, NASMHPD Medical Directors, SAMHSA, PA, VA, AACAP, Alliance Group, NAPHS
- Two regional NETI Events in Seattle and Baltimore: 28 state delegations
- Upcoming: Cornell, Mosby Nursing, APNA, MA, WA, HI, PA, FL, CMS and possibly the VA

State of S/R in Country

- Interest remains high
- Public sector is leading the way...
- Private sector is becoming more involved
- Some in Public sector see an initial reduction and then plateau due to special pop issues (MR, Non MI admissions, forensic, overcrowding, unions)
- We continue to see evidence of effectiveness of NASMHPD model

NEW Project: Alternatives to R/S State Infrastructure Grant Initiative

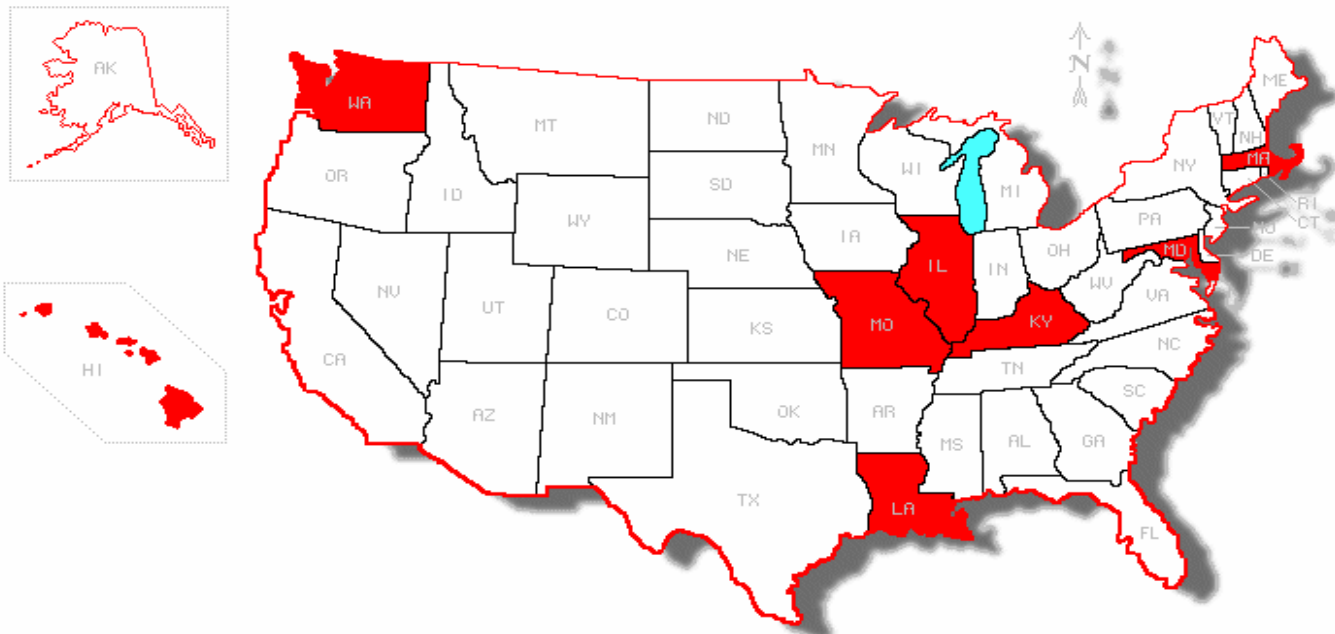
- SAMHSA initiated and funded
- Three year project
- Overall Purpose: To promote the implementation and evaluation of best practice alternatives to the use of S/R
- Coordinating Center (CC): NTAC
- NTAC subcontractor: HSRI
- Eight State Grantees w/ multiple sites

SAMHSA S/R-SIG Grantee States

HI, IL, KY, LA, MD, MA, MO, WA

SAMHSA S/R SIG State Grantees

● - SIG Grantee State



4-21-05

S/R Coordinating Center Project Outcomes

- Enhance state efforts to develop, implement, and adopt best practices that reduce S/R in a variety of settings and populations
- Improve safety for persons served and staff
- Provide recommendations to SAMHSA to inform national policy and develop evidence-based best practice

S/R Coordinating Center Project Objectives

- Assess the impact of the state SIG grants on increasing the use of S/R alternatives
- Serve as S/R Resource Center for the SIG states and others
- Disseminate best practices and lessons learned to wide audience
- Develop an S/R reduction best practice model for application to NREPP
(NTAC CC will do this in partnership with HSRI, Advisory Committee, and SIG grantees)

HSRI Tasks

➤ The Hard Work...

HSRI Roles and Responsibilities

- ADP/IT Plan
- GRPA Obligations
- OMB Clearance
- Study Methodology/Design (w/group input)
 - Data Collection
 - Data Analysis
 - Database Repository
- Website Development (with NTAC and states)

SIG Advisory Committee

- Purpose: Serve in an advisory capacity
- 10 nationally recognized experts/stakeholders with specific interest/expertise including P & A, State MD, FOF, Bazelon, Consumers, and Researchers
- SAMHSA Representatives (CMHS, CSAT)
- State SIG Representatives (key informants)
- Bi-monthly calls; annual meetings; dissemination of materials; critical analysis

S/R Expert Consultants

- Site visits/site reports [Year 1=2 visits; Year 2=3 visits; Year 3=1 visit or more]
- Teams of consultants assigned to each state
- Develop site visit protocol
- Provide onsite/offsite individualized TA either while onsite or under separate arrangements

S/R Expert Consultants

- All consultants have hands-on experience in successful reduction projects
- Will work in teams of two or three
- Primary role is to make site visits, assist state in developing plans, review state progress, troubleshoot, provide TA, identify additional TA needs, and assist in data collection

S/R Coordinating Center Other Activities/Resources

- Onsite TA funding through NTAC
- Availability of NTAC training curriculum and associated materials - videos TBA
- Development of list-serve communication for interested states
- Large library of S/R literature/articles
- Development of portable toolkit with instructions for trainers, videos, ppts, pre and post tests and training objectives-06

S/R-SIG Grantee Sites Proposal Specifics

Hawaii Project

➤ Hawaii:

- 26 hospital/community based kid programs
- 90% of S/R in 2 agencies
- Goals: Reduce S/R, Δ culture, TIC, family focus, improve assessments and px solving process, debriefing
- Interventions: NASMHPD Six Core Strategies©, change tx approach model
- Challenges: no lasting impact in past initiative, lack of leadership/line staff engagement, staff culture issues

Illinois Project

➤ Illinois:

- 9 State Hospitals, phased in (A/C/Adol/Forensic), 1487 beds
- Goals: Reduce S/R in all facilities, Δ culture to non-coercive, recovery based settings
- Interventions: NASMHPD Six Core Strategies© & WRAP/MISA interventions
- Challenges: Budget cuts, layoffs, early retirement, staff development

Kentucky Project

➤ Kentucky:

- 5 State Hospitals, adult and forensic
- Goals: reduce S/R 60%, > injuries, > trauma, implement TIC (staff and CSX), increase consumer involvement, improve data coll.
- Interventions: Best practice conference on TIC & Recovery, Implementation of facility plans, NASMHPD six core strategies©, TAP
- Challenges: Limited trainers, Δ leadership, decreased resources for Co-Occ, data issues

Louisiana Project

➤ Louisiana:

- 3 Inpatient C/A state hospitals
- Goals: Create TIC approach, empower children/families, improved crisis intervention, improved staff skills, increase alternatives
- Interventions: CWLA; NASMHPD model©
- Challenges: cross discipline collaboration, tx culture change, debriefing process, family needs, rewarding staff, staff resistance

Maryland Project

➤ Maryland:

- Adolescent/Adults in public and private facilities (11), 996 beds
- Goals: Culture change that leads to S/R reduction
- Interventions: NASMHPD model©, Maryland training protocol *Mypic*, collaboration w/Johns Hopkins & MU, kick-off conference, use of data, strong leadership
- Challenges: Culture changes for all facilities

Massachusetts Project

➤ Massachusetts:

- 11 state/contracted facilities, adults, civil and forensic, hospital and CMHC, 932 beds
- Goals: Increase # of programs that adopt best practices to reduce/eliminate S/R, document effects w/data
- Interventions: promote strengths based care, NASMHPD model©, est. plans, monitor progress with data
- Challenges: Project Manager hire, skeptical staff, current violence issues in settings

Missouri Project

➤ Missouri:

- Forensic setting, 460 beds, 3 units, adults
- Goals: reduce S/R use, fewer injuries, TIC integration, recovery oriented SOC, CSX role development
- Interventions: CQI Team, workforce development, hands off culture, safety plans, admin on-call, integration of CSX in operations, improve assessments, etc.
- Challenges: staff culture Δ , TIC awareness, max security issues, over census

Washington Project

➤ Washington:

- 3 state facilities, Adult, C/A, forensic, 1081 beds
- Goals: Eliminate seclusion and restraint 100%
- Interventions: full NASMHPD model implementation, create advisory boards all hospitals, recovery culture, CSX involvement,
- Challenges: Embedded staff culture, limited funds, turnover, data management

SIG State Projects

- Many commonalities
- Core Issues: Leadership, use of data, workforce development, S/R culture change, Consumer and Family involvement, rigorous debriefing and other interventions
- State projects starting now to September
- Website up in next few months
- Consultant site visits - 2 per state in 2004

S/R Coordinating Center Needs from State Hospitals

- Need voluntary data submissions on successful programs
- Need data on reduction efforts and injury rates
- Need to know your T & TA needs
- Need to know other model programs in your hospitals or states

Next up is Dr Steve Leff
to talk about the study
methodology and NREPP...

