

SVMHI
THE COMPREHENSIVE RECOVERY PLAN

2011

This Plan provides seven domains which describe a recovery oriented environment of care. The plan includes the strategies, target dates and responsible parties in strategy accomplishment.

1. **Role of Senior Leadership:** This domain denotes the involvement of key leadership within the facility who are charged with providing the needed management and guidance for leading SVMHI staff toward the development and operation for a recovery oriented environment of care.
2. **Workforce Development:** This domain describes the means by which management infuses and promotes the recovery model in all aspects of the workforce to insure competency through the employee incentives and training opportunities.
3. **Treatment planning:** This domain describes the use of the treatment planning process in the development of promoting and empowering recovery for those served using collaboration with the patients, their chosen supports and their community providers.
4. **The Design of the Clinical Record:** This domain describes how the design of the clinical record becomes the official documentation of the individual's recovery experience at SVMHI.
5. **Resident Activities and Opportunities:** This domain provides a description of the recovery activities and opportunities and the provision of choice enhances the valued roles selected by those served at SVMHI. It promotes the use treatment approaches that promote recovery and empowers change.
6. **Relationship to the Community:** This domain describes the collaborative and developing partnerships with the regional providers and partnering in creating positive treatment outcomes, insuring safety and advocating of those who have mental illness and or substance use disorders and co-occurring disorders.
7. **Other Areas as Determined Relevant to Enhancing the Recovery Experience of Those Who Are Served by the Facility:** This domain includes additional areas that support, promote and enhance recovery including administrative duties, survey administration and data collection to promote and guide future directions for SVMHI.

Note: In 2007, the SVMHI Recovery committee developed a number of goals, strategies and measures to assist the facility in its paradigm shift towards the development of comprehensive recovery oriented services. To insure an understanding of the progress in meeting the previous goals during years: 2007-2010, please refer to earlier versions of the Comprehensive Recovery Plan. The plans are posted on the website: <http://www.svmhi.dmhmrzas.virginia.gov/> and can be obtained by selecting *Recovery Plan*. The previous goals and the strategies used remain ongoing and continue to be incorporated within the facility's practices, services, training efforts and policies. The 2011 plan includes continued strategies for the unmet goals and new goals for 2011.

Please forward any questions or comments to Caroline Thompson, LPC, LSATP Recovery Program Coordinator, SVMHI at 434-799-6220 or email at caroline.thompson@dbhds.virginia.gov .

1. Role of Senior Leadership

This domain denotes the involvement of key leadership within the facility who are charged with providing the needed management and guidance for leading SVMHI staff toward the development and operation for a recovery oriented environment of care.

| Goal | Strategy | Measure | Person(s) Responsible | Progress and /or completion date |
|---|----------|---------|-----------------------|----------------------------------|
| 1. The Administrative Team will endorse treatment approaches and practices to be utilized in all aspects of care and are congruent with the facility’s recovery-focused vision, mission and values. | | | | <i>1: Goal 1-1 Achieved</i> |
| 2. Administrative Team members will be competent to provide advisement and to coach staff they supervise in the practice and application of recovery principles, values and person-centered planning. | | | | <i>2: Goals 2-1 Achieved</i> |
| 3. The Administrative Team will ensure that Institution Instructions reflect recovery principles, values and are written in person-centered language. | | | | <i>3: Goals 3-1 Achieved</i> |
| 4. The Administrative Team will promote and maintain communication between the Team, staff, and inpatient consumers and regional partners, inviting their involvement in phases of planning. | | | | <i>4: Goals 4-1 Achieved</i> |

| | | | | |
|---|--|---|--|---|
| <p>5- The Administrative team will oversee establishment of a public information DVD describing the recovery efforts within the facility to be used in professional presentations and with families and visitors in the community.</p> | | | | <p><u><i>Item tabled due to limited funding</i></u></p> |
| <p>6- The Administrative Team will oversee the Comprehensive Integrated assessment and treatment plan and insure its compliance.</p> | <p>6-4A-: A policy and procedure for the online version of the Comprehensive Integrated Assessment and Treatment planning instrument will be completed by 7/1/11 6-4B: A process to monitor compliance of the instrument will be operational by 9/1/11.</p> | <p>6-4A: A developed policy and procedure will be reviewed by all clinical staff as indicated by rosters during the training. 6-4B: 100% of all records will be in compliance with the instrument.</p> | <p>6-4A: Cheryl Chittum and Cyndi Haskins will develop the policy and procedure and present it during the training of staff. 6-4-B: Cyndi Haskins, health Information Systems will develop a compliance form and assign to HIS staff for monthly review of records.</p> | |

II. Workforce Development

This domain describes the means by which management infuses and promotes the recovery model in all aspects of the workforce to insure competency through the employee incentives and training opportunities.

| Goal | Strategy | Measure | Person(s) Responsible | Progress and/or completion date |
|--|---|---|---|---|
| 1. The facility staff will demonstrate competence to provide recovery-based services to those served in the facility. | | | | <i>1-1: Goals Achieved</i> |
| 2. The facility will employ persons and use volunteers to provide peer-supported recovery experiences within the facility. | 2D-3: The facility will offer training to staff related to the benefits of hiring peers in the workplace by December 1, 2011. | 2D-3: The Staff Education and Training Coordinator will obtain a roster of those attending. | 2D-3: The Recovery Program Coordinator and Facility WRAP Facilitator will present a PowerPoint of the benefits of hiring peers in the workplace. | <i>2A-C-2 : Goals Achieved 2 DI-2: Goals Achieved</i> |
| 3. The facility will promote system integration for providing intervention for co-occurring disorders | 3E-3: The facility Co-Occurring Sub workgroup will explore requesting a fidelity index completion to establish a baseline to determine whether essentials elements of treatment interventions are present in the Recovery Program at SVMHI. | 3 E-3: Completed survey with baseline data recorded. | 3E-3: The Co-occurring sub workgroup will contact the VASIP steering committee to request a Integrated Dual Diagnosis Treatment (IDDT) survey by December 1, 2010. | <i>3 A- 3D-3: Goals Achieved</i> |
| 4. The Facility will attend to ethical issues staff will encounter in developing a recovery-oriented environment of care. | | | | <i>4A-2: Goals Achieved</i> |

| | | | | |
|---|---|---|---|--|
| <p>5. The facility will offer training to all clinical staff members regarding an online version of the Comprehensive Integrated Assessments and the Treatment planning instrument.</p> | <p>5-A-4. Training for a pilot group of clinical staff will be provided by 2/1/11. This group will become coaches for the online version to their peers. 5-B-4 Training for all clinical staff will be conducted by 6/2011.</p> | <p>5-A-4: Each discipline supervisor will select two clinical staff members to pilot the instrument by 3/2011 for forward any needed changes to the IT department. 5-B-4: 60% of the Clinical staff members will be scheduled and complete training and demonstrate competency by 6/2011.</p> | <p>5-A-4 The Treatment planning and assessment sub work group will implement the training and assist supervisors as they monitor and collect needed changes from the clinical staff. 5-B-4 The Staff Development and Training Coordinator will organize the trainings; develop competencies and record attendance on the LMS.</p> | |
| <p>6. The facility will offer a training to engage staff in using solution and strength based documentation in the clinical record.</p> | <p>6. A-3. Solution and strength based documentation strategies will be reviewed and training programs will be developed for staff by 9/11.</p> | <p>6: A-3 80 % of clinical staff will be trained by 12/11.</p> | <p>6-A-3 The Staff Development and Training Coordinator will identify training resources and scheduled training by deadline.</p> | |
| <p>7. Articles/information pertaining to recovery will be disseminated to SVMHI staff regularly to increase staff awareness of the benefits of employing recovery model practices.</p> | <p>7. A-1. Articles information pertaining to recovery will be submitted for distribution by the monthly facility staff newsletter.</p> | <p>7. A-1. The facility staff newsletter will include at least one recovery-oriented article each month that will be accessible to 100% of facility staff.</p> | <p>The Recovery Program Director will ensure that an article regarding recovery will be submitted to the Staff Education and Training Coordinator by the 15th of each month</p> | |

III. Treatment Planning

This domain describes the use of the treatment planning process in the development of promoting and empowering recovery for those served using collaboration with the patients, their chosen supports and their community providers.

| Goal | Strategy | Measure | Person(s) Responsible | Progress and/or completion date |
|---|--|---|--|--|
| <p>1. Treatment planning will be person- centered planning and will promote active participation from the consumers and their chosen support persons.</p> | | | | <p>1A-2: Goals Achieved</p> <p>1B-2: Goals Achieved</p> <p>1C-2: Currently unattainable.</p> <p>1D-2: Goals Achieved</p> |
| <p>2. The treatment teams will promote consumers' involvement in developing their personalized recovery plans.</p> | <p>2 C -3: Psychiatric Advance directives instruction will be provided to staff and individuals served at SVMHI by December 2010.</p> | <p>2 C-3: Staff Training instruction rosters and records review. 15% of all individual served will complete a Psychiatric Advanced Directives.</p> <p>Extended until December 2011.</p> | <p>2C-3: The Recovery Coordinator, Director of Social Work and the Staff Development and Training Coordinator</p> | <p>2A-B-2 Goals Achieved</p> |
| <p>3. Treatment Plans will be accessible to consumers.</p> | <p>3 B-4: Treatment planning sessions will be conducted during the treatment team meetings and will be available for review by person served for input and feedback. A visual aid will be used with patients by 12/11.</p> | <p>3B-4: The treatment planning Document will be viewed on screen and this practice will be documented in the clinical record.</p> | <p>3. B-4 Care Coordinator will insure that the treatment planning document is reviewed and seen by the person served.</p> | <p>3: Goals 3 A -2Achieved</p> |

| | | | | |
|--|--|---|---|--|
| <p>4. The Facility Comprehensive Integrated Assessment and the Treatment planning Instrument will have an online version for use within the facility.</p> | <p>4. A-4: An online version will be developed, piloted and ready for full use by 7/1/11. 4 B-4: Ongoing monitoring will be maintained to make improvements in the instrument on an annual basis.</p> | <p>4A-4: Online Treatment planning document will be used to record treatment interventions by 9/11. 4B-4: 100% of the records will be monitored by compliance.</p> | <p>4A-4: Care coordinator and treatment team members will ensure use of the plans with all persons served. 4B-4: HIS will monitor the records and report outcomes to the Risk Manager.</p> | |
|--|--|---|---|--|

IV. Design of Clinical Record

This domain describes how the design of the clinical record becomes the official documentation of the individual’s recovery experience at SVMHI.

| Goal | Strategy | Measure | Person(s) Responsible | Progress and/or completion date |
|--|---|---|---|---------------------------------|
| 1. The clinical record will reflect recovery experiences for inpatient consumers. | | | | <i>1A-2: Goals Achieved</i> |
| 2. The facility will develop and implement use of an integrated assessment instrument that will effectively reflect consumer strengths and consumer wants and needs. | | | | <i>2A-2: Goals Achieved</i> |
| 3. The facility will increase the use of solution and strength based documentation vs. problem oriented documentation in the patient record. | 3A-4: Clinical notes will be reviewed by a performance improvement workgroup between 4/11 and 7/11 to obtain baseline data in identifying solution oriented and strength based Vs. problem oriented documentation. 3 B-4: The Workgroup will develop a worksheet to collect data | 3A-4: Base line data collection will be collected between 4/11/and 7/11 on the 15% of charts to identify use of solution and strength based documentation. 3B-4: Performance Improvement data will be obtained between 10/11-12/11 and it will show a 15% increase in solution and strength based documentation. | 3A-4A –B: A workgroup made up of a clinician, peer and medical records staff member will collect data and will become of the Performance Improvement Workgroup of Recovery projects | |

V. Resident Activities and Opportunities

This domain provides a description of the recovery activities and opportunities and the provision of choice enhances the valued roles selected by those served at SVMHI. It promotes the use treatment approaches that promote recovery and empowers change.

| Goal | Strategy | Measure | Person(s) Responsible | Progress and/or completion date |
|---|---|---|---|--------------------------------------|
| <p>1. The facility will provide therapeutic activities and opportunities relevant to the recovery needs of inpatient consumers that involve consumer choice and valued roles.</p> | | | | <p><i>1A-C-1: Goal achieved.</i></p> |
| <p>2. The facility will promote consumer self-advocacy and providing opportunities for self advocacy to be exercised.</p> | <p>2. D: The Recovery Training sub workgroup will develop goals for the training and organize Coaching training for Residents by March 2011.</p> | <p>2. D: The Sub workgroup will schedule 2 Recovery coach Training for residents and volunteers by December 2011 for 20% of person served.</p> | <p>2. D: The Recovery Training sub workgroup will develop the training and goals for the training by March 2011.</p> | <p><i>2A-C-1: Goals achieved</i></p> |

| | | | | |
|---|--|---|---|--|
| <p>3. The facility will promote employment and the assumption of valued roles as being important aspects of recovery and will provide opportunities for consumers to experience those roles.</p> | <p>3A-2: Potential job roles within the facility will be identified, such as peer support in PSR groups, developing personal recovery plans, serving on facility committees and workgroups or serving in a leadership role on the care units.</p> <p>(Item 3 A-2 extended for third year and fourth year plans it will be expedited by the forensic department.)</p> | <p>3A-2: Evidence of a planning document which identifies job roles within the facility available to consumers.</p> <p>3A-2: Record of consumers placed in job roles.</p> | <p>3A-2: The Peer Support sub-group and the Valued Roles sub-group of the Recovery Workgroup will develop a plan to place consumers in valued roles in the facility.</p> <p>3A-2: The Recovery Program Coordinator will oversee consumer job roles within the facility.</p> | |
| <p>4. The facility will promote the inclusion of Family and other supports into the treatment process</p> | <p>4 A: 4 A small workgroup will study the importance of inclusion of supports, family and important contacts in a person served treatment environment. The research will be shared with the Recovery Workgroup by 10/11 and a feasibility study proposal will be developed by 12/11.</p> | <p>4 A: 4 The will be monthly meetings between 4/11 and 10/11 of the workgroup as evidenced by minutes and attendance records.</p> | <p>4 A: 4 The workgroup will be made up of clinical staff members and peer members</p> | |

VI. Relationship to the Community

This domain describes the collaborative and developing partnerships with the regional providers and partnering in creating positive treatment outcomes, insuring safety and advocating of those who have mental illness and or substance use disorders and co-occurring disorders.

| Goal | Strategy | Measure | Person(s) Responsible | Progress and/or completion date |
|---|--|--|---|--|
| 1. The facility will not only coordinate consumers' discharge planning with community service providers to facilitate continuity of care but will facilitate continuity of recovery planning. | | | | <i>1 A-B-1: Goal achieved</i> |
| 2. A Regional Recovery Workgroup will be established to promote recovery principles, values and person-centered planning among CSBs regional services providers. | | | | <i>2:1 Goal achieved</i> |
| 3. The facility will serve as a regional center for recovery training, acting as a broker for recovery-related training opportunities for staff and consumers who may become peer-support staff. | 3B-2: The facility will provide recovery training, which is the facility's mandated recovery training, to CSB's personnel as requested. The recovery training for CSB staff will be tailored to the community recovery environment and community-based services delivery. The provision of training will begin by November 1, 2008. | 3B-2: Record of recovery training conducted at CSB sites for CSB staff. | 3B-2: The facility Staff Education and Training Coordinator will schedule and coordinate training with CSB staff. The Coordinator will select trainers. 3B-2: The Regional Recovery Workgroup will assist in tailoring training for CSB staff. | <i>3 A-1: Goal achieved.</i> 3B-2. Goal not achieved: <i>The Recovery Training has been offered during the Regional Recovery Meetings held monthly. The Recovery Program Coordinator met with the Regional Utilization Review Committee in April 2009 to review how to best coordinate regional recovery efforts. It was decided The Regional Recovery workgroup would be discontinued and is the responsibility of each agency to coordinate recovery efforts.</i> 3 B-3 Goal achieved. |

| | | | | |
|---|--|--|---|--|
| <p>4. 4: The facility will demonstrate to persons served the importance of peer programs in the community.</p> | <p>4A: 4 The Recovery Workgroup will request information from peer programs in the region and monitor the creation of a flyer and contact lists to include for persons served and to staff.</p> | <p>4A:4 Copies of the flyer and contact lists will be provided to persons served during orientation and offered during discharge.</p> | <p>4A:4 Peer providers in the facility will create a list and make it available to patients, and place it in the orientation packet.</p> | |
|---|--|--|---|--|

VII. Other Area as Determined Relevant to Enhancing the Recovery Experience of Those Who Are Served by the Facility

This domain includes additional areas that support, promote and enhance recovery including administrative duties, survey administration and data collection to promote and guide future directions for SVMHI.

| Goal | Strategy | Measure | Person(s) Responsible | Progress and/or completion date |
|---|--|---|--|---|
| 1. Facility employees will develop and maintain motivation to practice recovery principles and person-centered planning, contribute to creation of a recovery environment. | 1 A: See previous plans from 2007. | | | <u>1 A-1: Goal achieved</u> |
| 2. The Facility Director will empower the Recovery Workgroup to monitor and evaluate the implementation of this recovery plan. | | | | <u>2A-B-C-D-1: Goal achieved</u> |
| 3. The facility will ensure that the physical living environment at SVMHI is safe, provides ambient warmth, comfort and privacy for those served | | | | <u>3 A:1 Goal achieved</u> <u>3B-2: Goal Achieved:</u> <u>3C-3: Goal Achieved:</u> |
| 4. 4: The facility will monitor the recovery paradigm shift. | 4A-4: The Recovery Workgroup will administer a Recovery survey to the persons served by 3/11 and review results. The workgroups will also collect data from employees and compare the data. | 4A-4: 90% of persons served will be surveyed. Data will be compared to previous years of the survey. | 4A-4: A small group of surveyors will be made up of staff and peers to collect the data from persons served and from staff. | |