

***SOUTHERN VIRGINIA MENTAL HEALTH INSTITUTE***

***THE COMPREHENSIVE RECOVERY PLAN***

***2014***

This is the seventh year Southern Virginia Mental Health Institute (SVMHI) has developed a Comprehensive Recovery Plan to promote a recovery oriented system of care for those served at SVMHI. This plan was developed with the assistance of the facility Recovery Workgroup and its sub workgroups and reviewed by the Administrative Team and the Medical Executive Team. The sub workgroups are as following: Treatment Planning and Assessment, Co-occurring, Valued Roles and Employment Services, Psychosocial Programming and Recovery Environment, Recovery Training and Special Events. A full listing of the members is listed in Appendix 1.

This plan will include progress on the goals and strategies from the 2013 year plan and set new recovery initiatives for 2014.

Plans are posted on the Facility Website. A summary of the plan goals are listed in the staff and patient newsletter. The plan is reviewed during annual Recovery training provided to all staff members at SVMHI.

Over the last five years, an Annual Patient (Individual) Recovery Survey has been conducted and consists of three sections which include Resident Choice, Opinions of Care and the Recovery Oriented Services Indicator (ROSI). Benchmarks were selected by averaging the totals for each survey item over five years of data. In January 2014 the Annual Individual Recovery Survey was administered and data was compared to these benchmarks in the areas of:

1. Choice and self determination
2. Safety to insure engagement and hope (Safety)
3. Peer involvement: indicating empowerment and advocacy
4. Shared treatment involvement between the individual served and the treatment team (Treatment planning)

For review of past goals achieved at SVMHI, the reader may review previous plans which are listed on the facility website:

<http://www.svmhi.dmhmrzas.virginia.gov/> as listed under ***Recovery Plan***.

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](mailto:caroline.thompson@dbhds.virginia.gov) .

**SVMHI 2013 Comprehensive Recovery Plan  
Progress Report**

**I. Role of Senior Leadership**

**The Medical Staff of Southern Virginia Mental Health Institute and the Administrative Team will provide oversight for the Comprehensive Recovery Plan and review the plan quarterly.**

- The Recovery Coordinator presented updates of the 2013 plan to the Medical Executive Team quarterly. In December 2013, it was decided by the Administrative Team that updates would be provided quarterly by the Recovery Coordinator. That process began in January 2014.

**II. Workforce Development**

**The facility will seek to employ persons and use peer volunteers to provide peer supported recovery experiences to residents. Training will be offered to staff about the benefits of this practice.**

- Work experiences through the Employment Enhancement Skills Program (EESP) continued being utilized during 2013 in the Forensic Department. In October, the Clinical Director tasked the Staff Development and Training Coordinator with oversight of the EESP. A number of new positions were added to include: Group Assistants, Recovery secretarial support, housekeeping aids, and dietary aids. Supervision of these positions occurs in the department being served by these new employees.
- Two full time Peer Provider Specialist/WRAP facilitators were hired in December 2013.

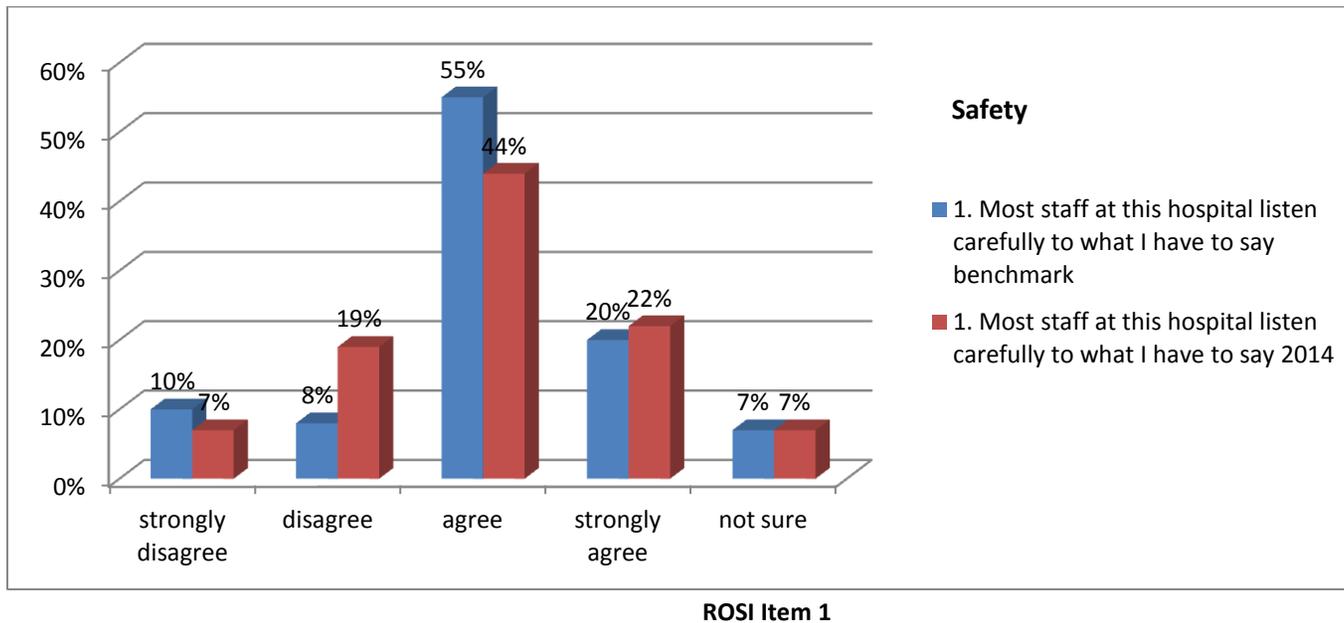
**The facility will develop competency guidelines for new hire and mandated update training regarding the Treatment Planning and Assessment Program System (TAPS). The facility will promote and monitor the use of person centered language in the treatment planning process.**

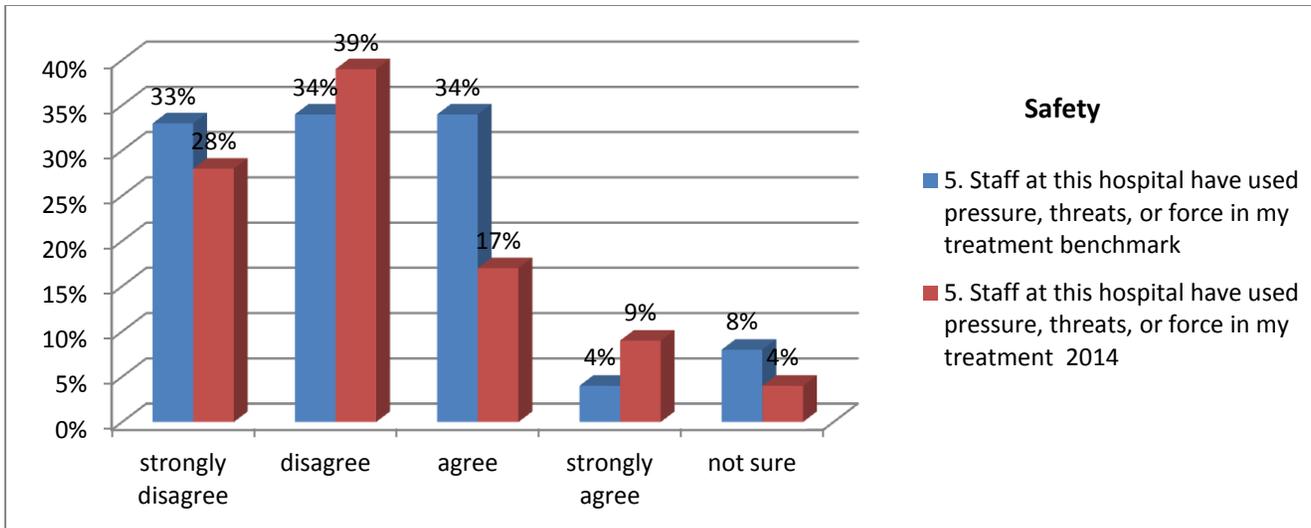
- Workforce development, related to the Treatment Planning Assessment Planning System, was initiated by conducting an audit of 68 charts of individuals being served in order to determine consistency and effective treatment planning. An audit tool was developed in July 2013, and it was used by a multidisciplinary team to audit records. The team audited the initial comprehensive assessment process, the treatment planning process and clinical updates of individuals being served at SVMHI. The results were generated and presented to the clinical staff in October 2013. The team met in January 2014 to review audit results. The team began identifying clinical competency guidelines and addressing key areas for performance improvement for 2014. The team will continue addressing the importance of including person centered language within the treatment planning process.

**Training will be provided to staff and residents regarding Trauma Informed Care.**

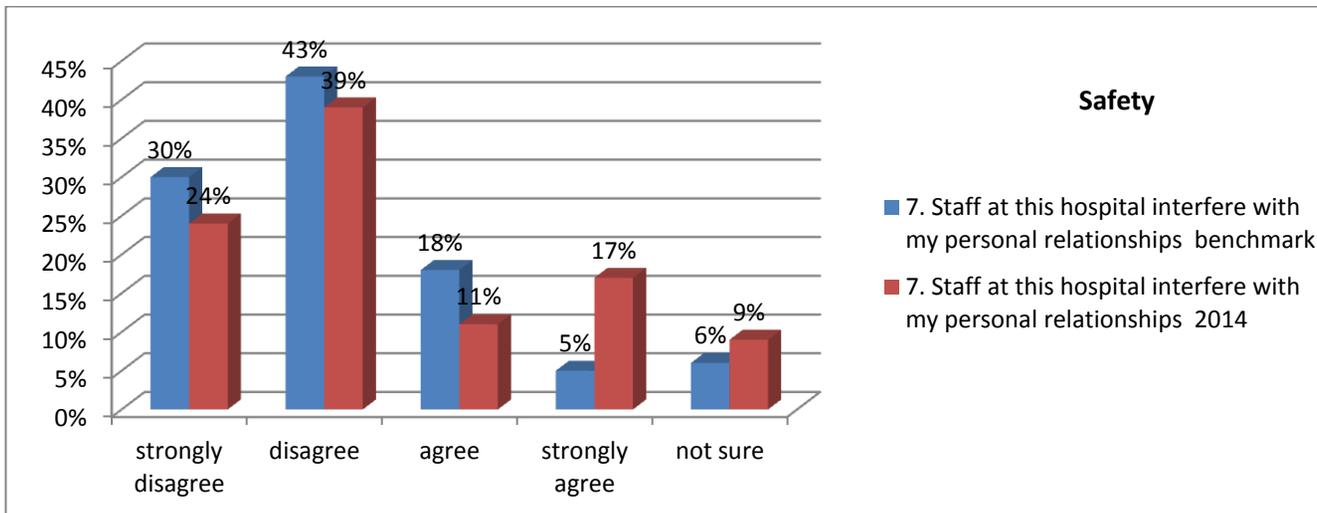
- Trauma Informed Care Training was provided to SVMHI staff during April 2013 in collaboration with the National Center on Trauma-Informed Care (NCTIC). A *Next Steps Workgroup* was formed and began addressing critical areas in June 2013. The areas included *Seclusion and Restrain, Clinical Services,*

*Family and Friends services, Judiciary services, Caregiver services.* Progress began immediately in each area. The Seclusion and Restraint group developed a plan to reduce S and R. The Clinical Group planned and organized NCTIC training to clinicians using the TAMAR model. A TAMAR group began in January 2014 for those served at SVMHI. A new family and friends program began in October 2013. This group restructured the visitation area and created a new Holiday and Birthday Celebration time which could be shared between those served and their invited family and friends. Caregiver services offered Wellness Recovery Action planning for interested staff and offered healthy ideas through the Commonwealth Health Programs during the month of September 2013. The facility administration worked with its regional partners to promote Crisis Intervention Teams among law Enforcement promoting improved care during crisis events within the community. The Annual Recovery Survey was administered in January 2014. There were 5 selected items (From the ROSI and Opinions of Care) on the survey addressing **safety**. There no significant changes noted in the survey when the 2014 data was compared to the benchmark data.

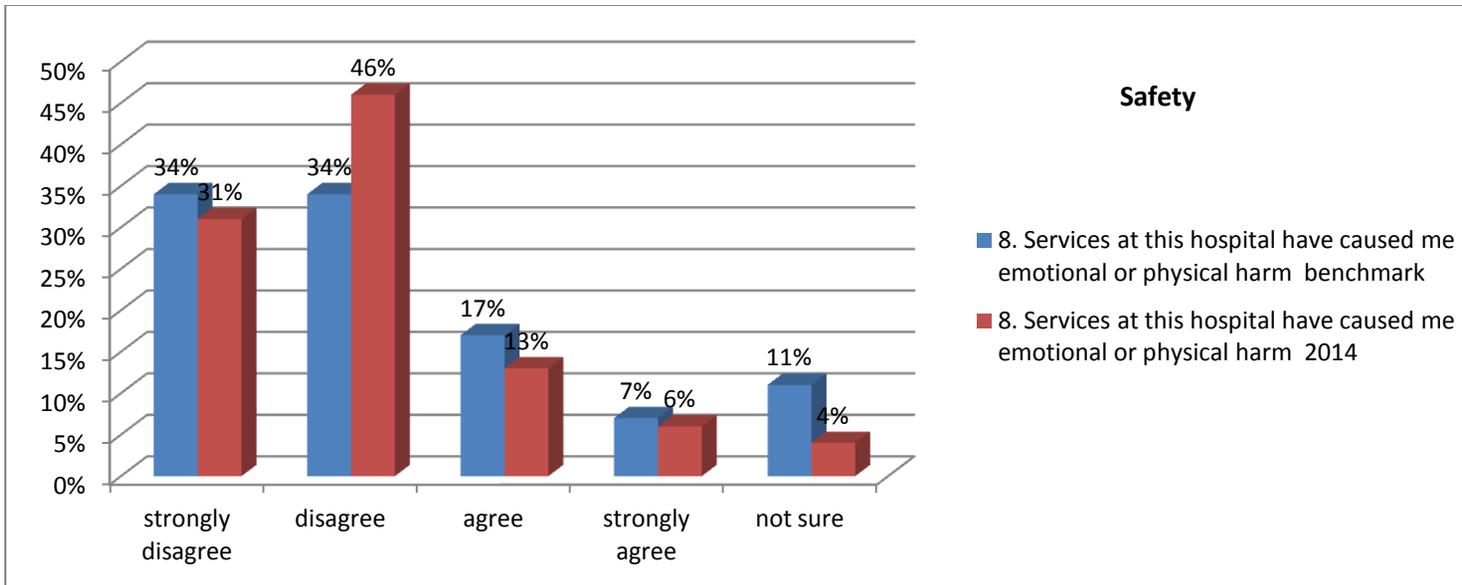




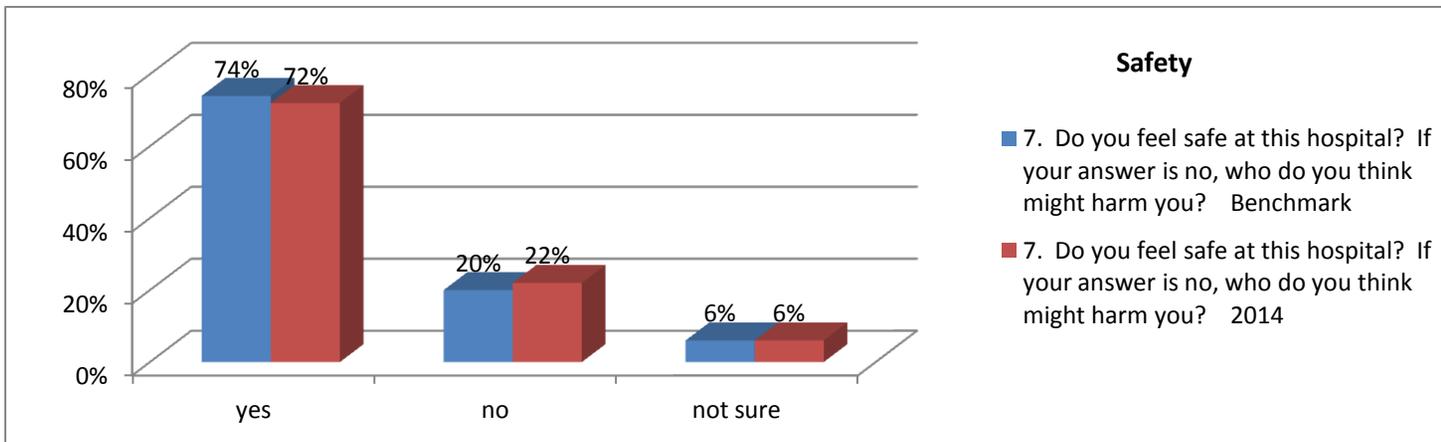
ROSI Item 5



ROSI Item 7



ROSI item 8



Opinions of Care Item 7

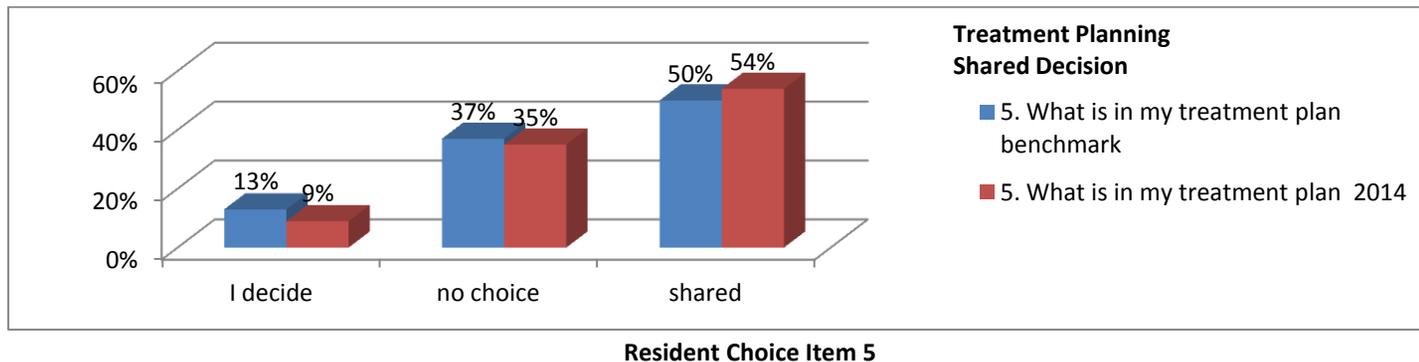
The facility will provide staff with further training in the assessment of co-occurring disorders

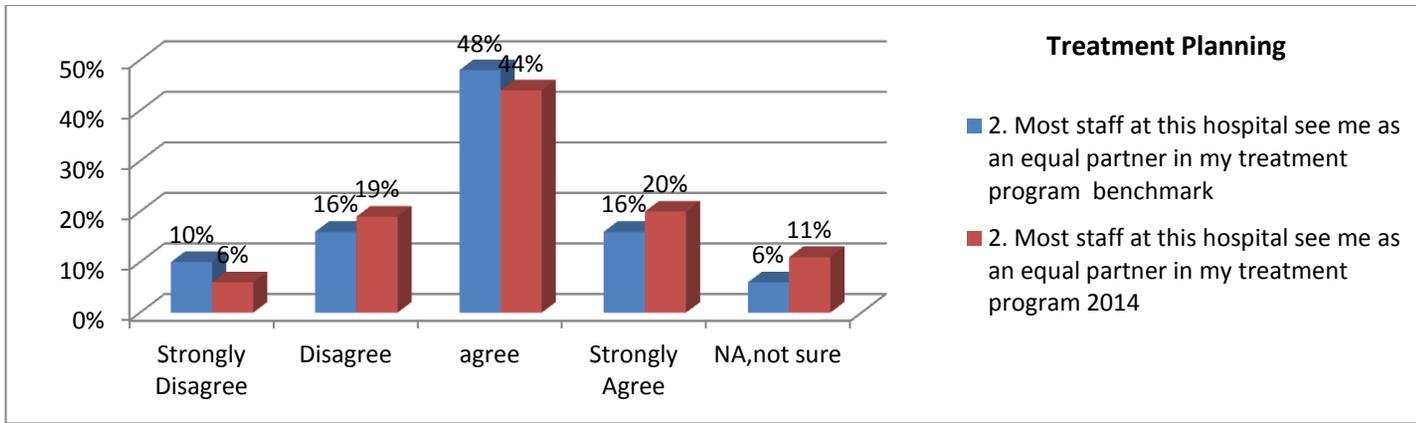
- Members of the Co-occurring Workgroup attended the Virginia Summer Institute Addiction Studies in June 2013 and presented an overview of these materials to the staff on 8/9/13. The Recovery Coordinator developed Screening, Brief Intervention and Referral to Treatment training (SBIRT). Social Work staff began utilizing the Alcohol Use Disorders Inventory Tool in 11/2013. The tool was adapted for use in TAPS to assist with the development of a performance improvement tool to collect data related to co-occurring issues.

### III. Treatment Planning

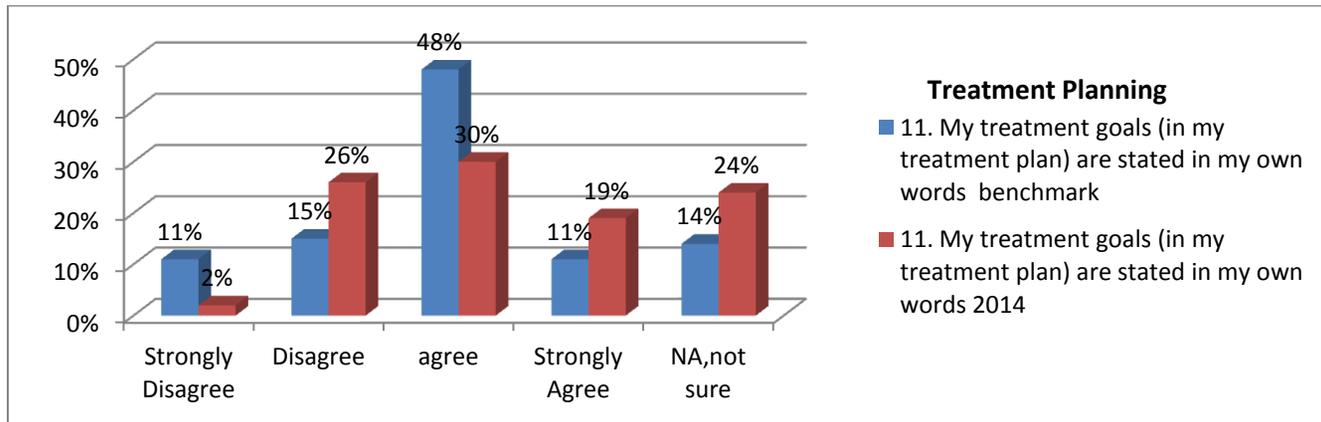
The facility will seek to increase active participation for patients and residents in their treatment plan development. Each treatment team will develop a plan to improve team functioning.

- The facility Director initiated multidisciplinary team structural changes in August and September to give individuals being served more access to their assigned treatment team. With this change came the scheduling of morning rounds in October. Individuals served have issued fewer complaints about limited access to their treatment team members. Treatment team meetings are scheduled around the primary intervention times. All SVMHI staff has been provided an opportunity to review these changes in January 2014.
- The Annual Recovery Survey was administered to individuals being served at SVMHI in January 2014. There were slight improvements related to “shared decision” making in the January 2014 survey data when compared to benchmarks on items addressing **Treatment Planning**: “being involved in treatment planning” (Resident Choice item 5). There were slight improvements in agreement as “being seen as an equal partner”, “goals stated in my own words” (**ROSI Item 2, 11**) and “planning regarding leaving the hospital” (**Opinions of Care item 2**).

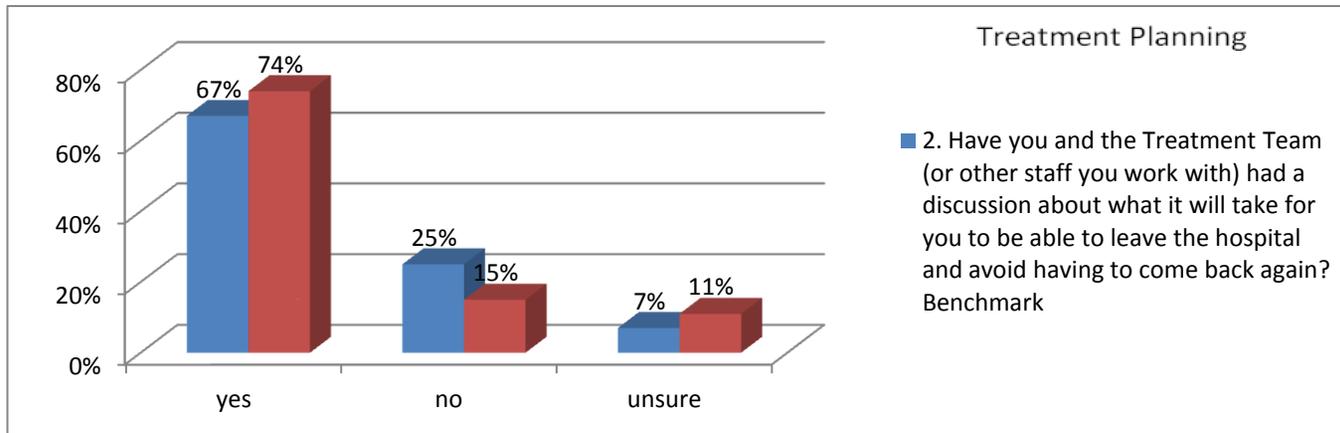




ROSI item 2

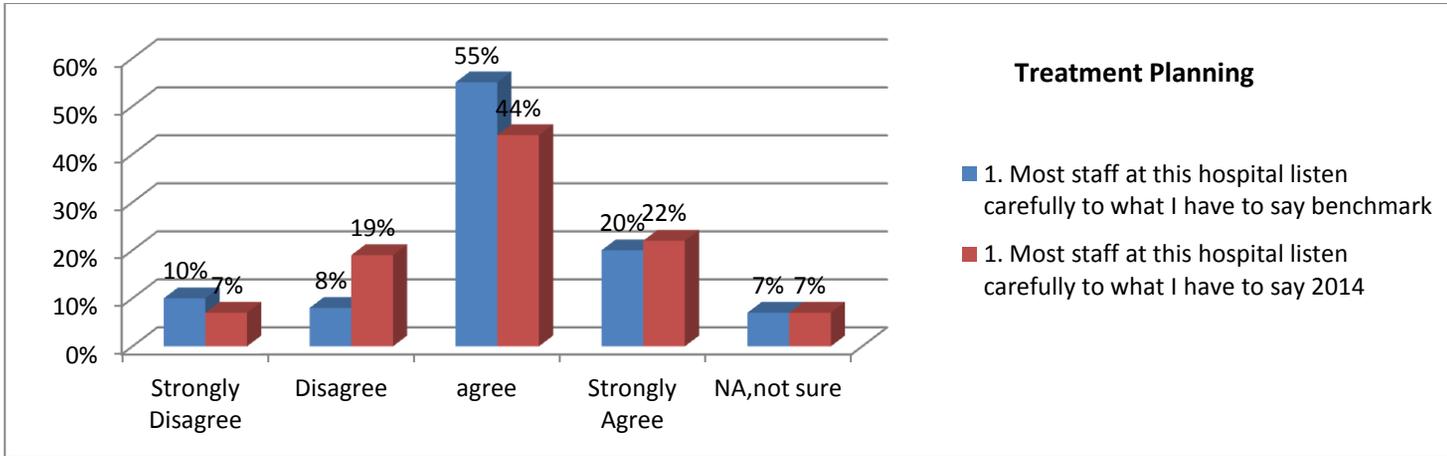


ROSI item 11

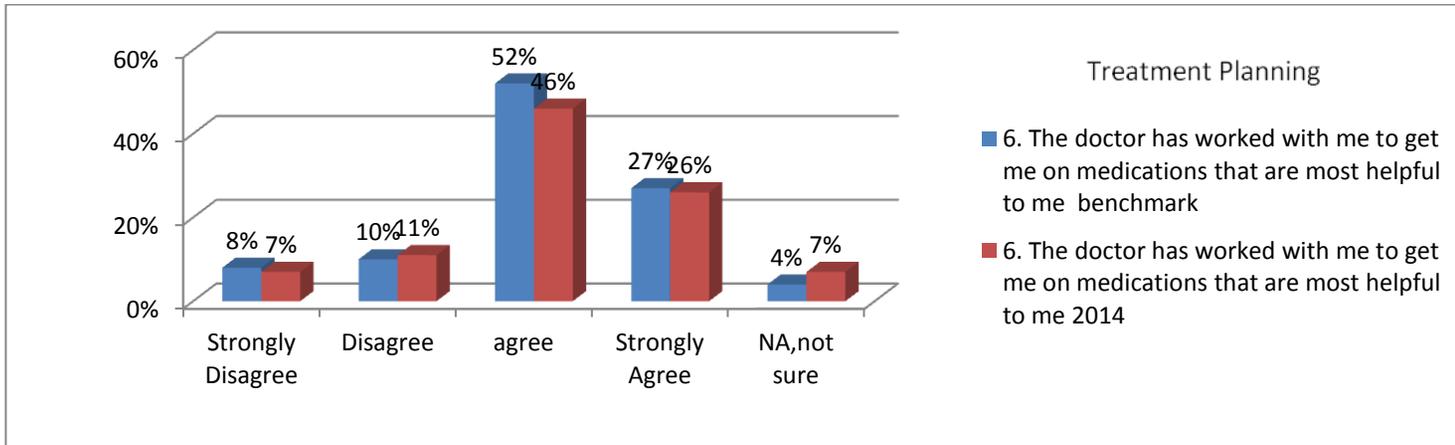


**Opinions of Care Item 2**

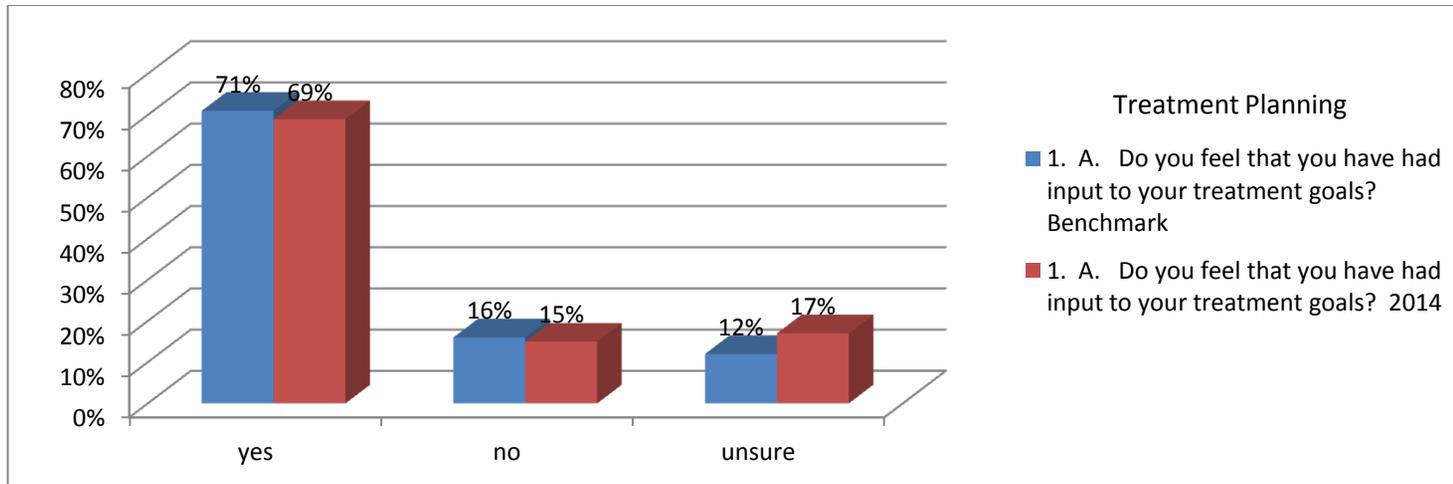
There were slightly lower survey results between the 2014 data and the benchmark indicated on items when compared to the benchmarks about “staff listening to me” “being worked with to get me on helpful medications,” (**ROSI Item 1, Item 6**), and “having input into the treatment plan” (**Opinions of Care Item 1A**) related to treatment team planning items.



**ROSI Item 1**



**ROSI item 6**



**Opinions of Care Item 1A**

**The facility will develop competency guidelines for new hire and mandated update training regarding TAPS and promote person centered language in the treatment planning.**

- This goal will continue to be addressed in the 2014 Recovery Plan.

**IV. Design of Clinical Record**

**The facility will have an increase in the trauma informed care and person centered documentation in the individual record.**

- This goal will continue to be addressed in the 2014 Recovery Plan.

**V. Resident Activities and Opportunities**

**The facility will promote consumer self-advocacy and provide opportunities for self advocacy to be exercised through coaching training. The facility will develop more valued roles within the facility for residents.**

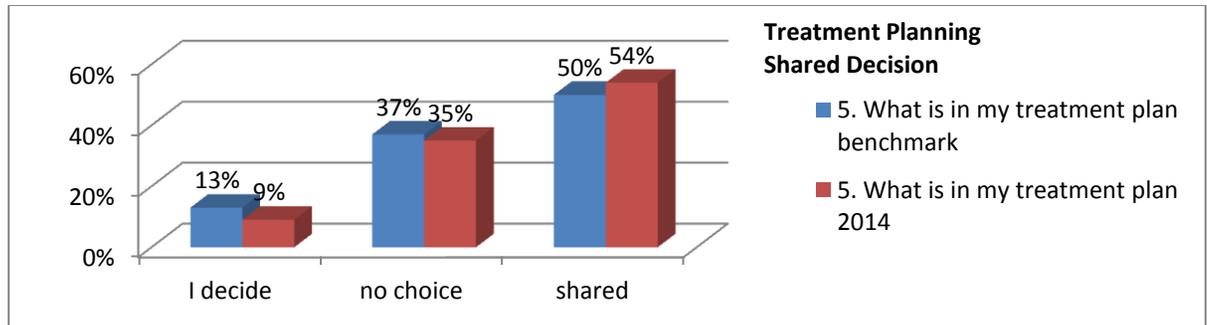
- During 2013, there were ongoing efforts made to develop a workgroup to further the developments of the valued roles in the facility. There are presently eleven groups (Peer to Peer, DTR, AA, NA, WRAP) being conducted weekly. There is strong collaboration with the EESP in promoting the vocational interests of those served. There has been active progress made to develop additional programming rooms and to obtain computer access and internet access for those being served.
- The facility has promoted the inclusion of family and/or other identified supports into the treatment process. This effort is being championed by the TIC workgroup. The group selected to include families during monthly events and also during social events quarterly and around special holidays.
- There were two Peer Support Specialist hired in late December 2013 to promote the interest of individuals served at SVMHI and to participate in Regional Activities.

**The Facility will promote recovery oriented activities for residents, patients and staff and will promote September as Recovery Month.**

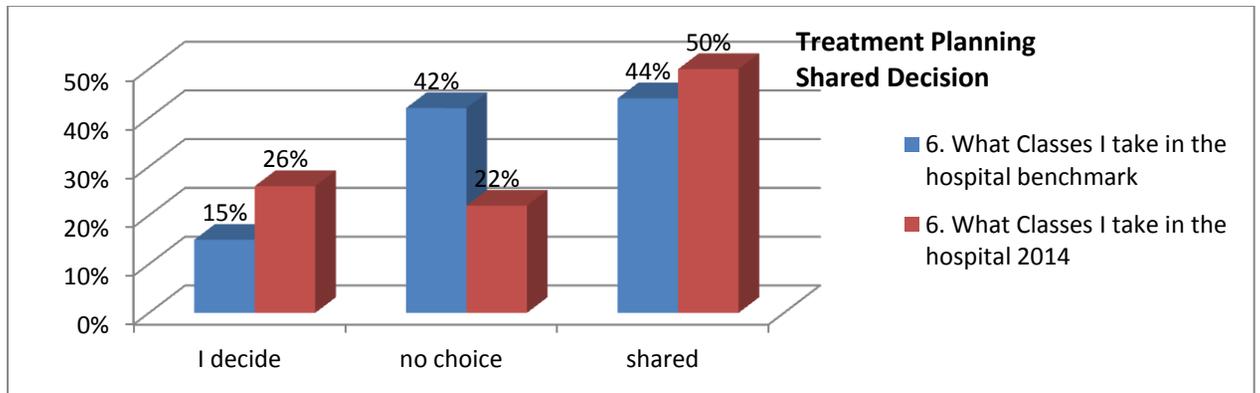
- This workgroup planned a month long events of recovery activities for both individuals receiving services and staff in September 2013. Following this initiative, the committee decided to encourage all departments in the facility to plan ongoing monthly events to celebrate recovery and shared experiences. This was promoted in order to include as many creative outlets as possible to focus on the lived experiences of those being served at SVMHI.

**The facility will develop and promote an updated recovery oriented psychosocial rehabilitation program emphasizing the value of individual choice, wellness, and empowerment.**

- The Forensic and Civil programming leadership met in August with the Clinical Director to review the schedules and determine any overlaps in the offered services. Space allocation was reviewed. Due to the changes with treatment team scheduling and morning rounds, the civil programming staff elected to forgo additional changes. The Forensic programming staff updated their schedule in January 2014 emphasizing choice. The civil programming staff is expected to make updates in March 2014 to include more peer led choices, vocational, computer access, and therapeutic horticultural experiences. The Annual Recovery Survey January 2014 results indicate an increase in the belief by individuals of *a shared decision* on the two resident choice items “what is in the treatment plan” and “which classes I take”. **(Resident Choice Items 5, 6).**



Resident Choice Item 5



Resident Choice Item 6

**There will be a Therapeutic Green House Program at SVMHI to benefit individuals served, the facility, and the surrounding community.**

- A Therapeutic Horticulture Workgroup was established in July 10, 2013. The workgroup identified stake holders, devised a plan to involve them in a community wide project and began designing a program description to offer to the facility that will assist those being served with vocational skills as well as valuable and creative outlets to grow plants and learn about the natural growing process to promote recovery orientation. There are plans for creating a healing garden. A budget has been developed for this project.

**WRAP is being offered to the Forensic Population.**

- Wellness Recovery Action Planning is being offered to those being served on E and F units. Two full time Peers were hired in December 2013.

## **VI. Relationship to the Community**

**The facility will serve as a regional center for recovery training. The facility will act as a broker for recovery-related training opportunities for regional partners.**

- The Facility participates in the Regional Recovery committee with its regional partners. This item continues in the 2014 Recovery Plan.

**The facility will demonstrate to persons served the importance of peer programs and peer support in the community.**

- This goal will be continued to be addressed in the 2014 Recovery Plan.

**The facility will participate in the Virginia BRSS TAC initiatives and promote the state wide Recovery Forum offering recognition to peer run organizations.**

- Facility Director, Assistant Director of Nursing, and the Recovery Coordinator participated in BRSS TAC forum in Roanoke. The Director, Peer Provider Specialist and the Recovery Coordinator represent SVMHI in the region. The Recovery Coordinator serves on the state committee and communicates efforts regionally and in the facility. The Regional efforts will focus on developing a strong peer network to enhance the discharge process and assist those being served with a solid support system. Assisting those served with developing advanced directives will become a focus in the future and the Region will assist its workforce with training that promotes recovery oriented systems of care.

**2014 Recovery Plan**

Desired Outcome	Action Planning	Measurement/Responsibility	Overall focus
<p><b>1. Those served at SVMHI will have valued roles while receiving services.</b></p>	<p>1. Valued roles will be provided through the</p> <ul style="list-style-type: none"> <li>a) Advocacy Council,</li> <li>b) Committee membership,</li> <li>c) The Therapeutic Horticulture Program</li> <li>d) Peer run activities</li> <li>e) The Employment Skill Enhancement Program</li> </ul> <p>2. Oversight for the use of valued roles will be provided by the Recovery Coordinator.</p>	<p>1a. There will be ongoing bi-monthly advocacy council meetings. The full time <b>Peer Provider Specialists</b> will monitor to insure unit representation and will maintain minutes and forward to the Administrative Team following each meeting. Administrative representation will be facilitated by the facility director.</p> <p>1b. Each <b>standing committee</b> will consider peer representation to ensure the views and roles of those served are represented in meeting minutes. This will be monitored by the <b>Administrative Team</b>.</p> <p>1c. The Therapeutic Horticulture Program will involve peers during the developmental phases as evidenced by meeting minutes. This will be monitored by the <b>Recovery Coordinator</b>.</p> <p>1d. There will be ongoing development of peer run activities at SVMHI and in the communities SVMHI serves by the <b>Peer Provider Specialists, Clinical Director and Recovery Coordinator</b>. This group will devise a plan by 3/14 and forward a report this to the Recovery Committee.</p> <p>1e. The Employment Enhancement Skills Program (EESP) budget, hiring practices, and evaluation of the EESP will be monitored and regular updates presented to the Administrative Team by the <b>Staff Development and Education Coordinator</b> each quarter. There will be the addition of 6 new individual positions offered to those served at SVMHI by 1/15.</p>	<p><b><u>Other Area as Determined Relevant to Enhancing the Recovery Experience of Those Who Are Served by the Facility:</u></b></p>

Desired Outcome	Action Planning	Measurement/Responsibility	Overall focus
<p><b>2. Individuals served will express satisfaction in their treatment process</b></p>	<p>2. SVMHI will provide opportunities to those being served to express opinions in their care. SVMHI will measure satisfaction by conducting surveys. Individuals will have regular opportunities to express opinions about the desired treatment activities.</p> <p>The following avenues will exist to obtain data.</p> <ul style="list-style-type: none"> <li>• <i>Quarterly focus groups,</i></li> <li>• <i>The establishment mini surveys of the Recovery survey items at critical points of care.</i></li> <li>• <i>Advocacy council minutes</i></li> </ul>	<p>2. The <b>Recovery committee</b> will oversee the individual’s survey development and will design a plan to involve facility departments in conducting portions of the survey with those served by 6/14. The <b>Recovery Coordinator</b> will organize focus/short survey groups related to satisfaction of the experiences at SVMHI by 6/14. The survey questions will come from the Annual Recovery Survey Tool. The Recovery Coordinator will review Focus group information and Survey results materials and present this to the Administrative Team through quarterly reports.</p> <p>The <b>Recovery Committee</b> will make recommendations to the Administrative Team for any changes the survey data yields. This plan will utilize the Recovery surveys and results will be reported to the Administrative Team each quarter.</p> <p>2. Advocacy council minutes will be reviewed by the Administrative Team monthly. Data will be maintained in the minutes and the Director/ Designee will oversee plans to increase satisfaction.</p>	<p><b><u>Other Area as Determined Relevant to Enhancing the Recovery Experience of Those Who Are Served by the Facility</u></b></p>



	<p>3.2. There will be a Seamless Peer transition between facility to community</p> <p>3.3 Establish an opportunity for Peer Provider Specialists and staff to gain information about shared recovery experiences both inside and outside the facility in order to increase awareness and promote an understanding of the continuum of care.</p> <p>3.4. Care will be provided and documented in a person centered manner utilizing choice, empowerment and self determination.</p>	<p>3. 2a. A <b>Peer support specialist</b> will offer training to staff regarding the benefits of Peer assisted services in the facility and within the region by 3/14. <b>Peer Support Specialist</b> will participate in <i>orientation of SVMHI services</i> to the peers within region 6.</p> <p>3.2. b. The <b>Peer Support Specialists</b> will develop a plan to</p> <ol style="list-style-type: none"> <li>1. Welcome all new individuals entering care at SVMHI,</li> <li>2. Provide support following an episode of seclusion</li> <li>3. Provide information about WRAP</li> <li>4. Offer Peer support information in their community of choice as part of discharge planning efforts</li> <li>5. Maintain documentation regarding Peer activities in TAPs</li> </ol> <p>3.3 <b>Peer Providers/ Facility staff</b> will seek opportunities to tour various facilities, observe a prescreening evaluation, case management sessions and medication monitoring/management session in the community.</p> <p>The <b>Clinical Director/Designee and Peer Providers</b> will develop a plan by 9/14 and make assignment of staff to tour and observe various levels of care. The information will be shared with co-workers during departmental meetings and staff advocacy councils, Regional Recovery venues</p> <p>3.4. The <b>Clinical Director/Designee</b> will organize a plan to focus on <i>person centered documentation</i> in the treatment plans and in the interventions records within the clinical record. This plan will be presented by 7/14 to the Recovery Committee and recorded in the minutes. The plan will provide an implementation plan with goals, objectives and measurements.</p>
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Workforce Development

Design of individuals Record

Desired Outcome	Action Planning	Measurement/Responsibility	Overall focus
<p><b>4. There will be an increase in staff employment satisfaction</b></p>	<p>4. 1. SVMHI will promote a non-threatening employee/supervisor feedback loop utilizing the self assessment during evaluation time</p> <p>4. 2. Promote the use of staff surveys to measure satisfaction with established changes in the environment.</p> <p>a. treatment program structure</p> <p>b. Seclusion and Restraint</p> <p>c. Trauma Informed Care</p> <p>4. 3. Create mentorships utilizing seasoned employees with newly hired employees. (Mentor program for new Staff)</p> <p>4. Training for staff on recovery oriented leadership styles</p>	<p>4.1. <b>HR Director</b> will promote the use of self assessment forms with managers and present the importance of using this tool during the evaluation process. There will be training to expose managers to this process emphasizing recovery oriented leadership principles.</p> <p>4. 2. The facility <b>Director</b> will assign staff survey questions to leadership team members to monitor staff satisfaction as it relates to:</p> <p>a. Treatment program structure,</p> <p>b. Seclusion and Restraint core elements</p> <p>c. Trauma Informed Care</p> <p>Staff opinions and satisfaction will be reported during scheduled Management Team Meetings and in the facility Newsletter</p> <p>4. 3. Newly hired clinical staff will be provided with mentors during the first year of employment. <b>Department Managers</b> will make this assignment.</p> <p>4. 4. The <b>Recovery Coordinator</b> will work with the <b>Staff Education and Development Coordinator</b> to obtain a speaker during Recovery Month (September 2014) who will provide motivation and assistance for recovery oriented leadership.</p>	<p><b><u>Role of Senior leadership/Workforce development</u></b></p> <p><b><u>Workforce development</u></b></p>

## Appendix 1

### **Recovery Workgroup**

Caroline Thompson  
Cheryl Chittum  
Kathy Dolianitis  
Sylvia McFarland  
Loretta Abbott  
Vicki Lowther  
Brenda Allen  
Kathy Dodd

### **Sub Work Groups**

#### **Treatment Planning and Assessment**

Cheryl Chittum  
Loretta Abbott  
Jon Roach  
Bob Lowther

#### **Co-occurring**

Tonya Link  
Caroline Thompson  
Desiree Phelps  
Bob Lowther

#### **Valued Roles and Employment Services**

Olin Saphrey  
Desiree Phelps  
Joan Daniels

#### **Psychosocial Programming and Recovery Environment**

Caroline Thompson  
Lisa Love  
Mary Johnson

Vicki Lowther

**Recovery Training and Special Events**

Olin Saphrey

Vicki Lowther

Caroline Thompson

Derrick Jones

Stacey Gravely

Beth Powell

William Price

Tonya Link

Desiree Phelps

Mary Johnson

Dial Sakr

**Newly Added staff:**

Cheryl Johnson

Jennifer Miller

Regina Lynskey