

Recovery Plan Final Report

2/27/2015

Desired Outcome	Action Planning	Measurement/Responsibility	Progress Report
<p>1. Those served at SVMHI will have valued roles while receiving services.</p>	<p>1. Valued roles will be provided through the</p> <ul style="list-style-type: none"> a) Advocacy Council, b) Committee membership, c) The Therapeutic Horticulture Program d) Peer run activities e) The Employment Skill Enhancement Program <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 Peer Provider Specialists 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 standing committee will consider peer representation to insure the views and roles of those served are represented in meeting minutes. This will be monitored by the Administrative Team.</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 Recovery Coordinator.</p> <p>1d. There will be ongoing development of peer run activities at SVMHI and in the communities SVMHI serves by the Peer Provider Specialists, Clinical Director and Recovery Coordinator. 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 Staff Development and Education Coordinator each quarter. There will be the addition of 6 new individual positions offered to those served at SVMHI by 1/15.</p>	<p>During 2014, there have been strong efforts to promote valued roles at SVMHI through numerous environments.</p> <p>Two full time Peer Support Specialists are greeting and meeting each new individual admitted to the facility and providing peer assisted activities in the regularly scheduled rehabilitation groups.</p> <p>Vocational opportunities are offered to individuals and there have been 14 individuals who have been employed in the EESP program in 2014. Funding for the program was secured through the general funds.</p> <p>The Therapeutic Horticulture Program has been a successful program to offer unique and quality programming for individuals related to recovery orientation. Raised gardens were created and a new green house was purchased. There were three plant sales held and plants were used as gifts, door prizes and to house around the facility. Peers and staff have worked together to promote the use of plants throughout the facility. The THP committee has met and maintained meeting minutes and generated an annual report.</p> <p>A Peer Support Specialist was appointed to the Safety and Emergency Management Committee.</p> <p>The Advocacy Council has continued to meet bi monthly. There has been administrative leadership present for most meetings. There have been strong efforts made by leadership to strengthen the lines of communication between individuals being served and providers of care using the advocacy council, suggestion boxes, and open forums. Meeting minutes are kept, forwarded to the Administrative Leadership Team and published in the Insights Newsletter.</p>

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<p>2. Individuals served will express satisfaction in their treatment process</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. The following avenues will exist to obtain data.</p> <ul style="list-style-type: none"> • <i>Quarterly focus groups,</i> • <i>The establishment mini surveys of the Recovery survey items at critical points of care.</i> • <i>Advocacy council minutes</i> 	<p>2. The Recovery committee 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 Recovery Coordinator 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. The Recovery Committee 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>The individuals have been encouraged to express their opinions about their care in routine self evaluation forms presented at each team meeting. There were quarterly opportunities for individuals to express opinions of care to the Disability Law Center of Virginia (dLCV) advocate. Each individual is provided with a post treatment satisfaction survey and data is reviewed. There have been no additional formal surveys conducted. The Recovery Department will conduct an annual Recovery Survey on 3/5 and 3/6.</p> <p>The Advocacy Council minutes are reviewed monthly by the Administrative Leadership Team.</p>

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<p>3. Individuals served will have safe, meaningful and trauma informed experiences and provide <u>community based transition</u> opportunities</p>	<p>3.1. a Establishment of additional programming will be added to both the civil/forensic schedule utilizing interventions which emphasize motivation, encourage participation and provide meaningful experiences which can be used in the community.</p> <p>b. There will be established calming and serenity rooms on the civil and forensic units.</p> <p>c. Monitor identified triggers and interventions forms, Seclusion and Restraint data and debriefing forms in the record to insure individuals are receiving services consistent with trauma informed experiences.</p>	<p>3. 1a.The Recovery Committee will oversee programmatic changes (which embodies facility recovery initiatives: EESP, peer involvement, community transition, Computer access, THP, TIC) made by the civil and forensic programs seeking ways to maximize motivation through effective programming. The attendance data will be collected monthly beginning 2/14. Attendance Data will be maintained by the Recovery Coordinator and then shared with each treatment team and the administrative team each quarter. The Recovery Therapist will obtain suggestions from the individuals served and the treatment teams of potential changes which can increase intervention attendance. Baseline data was collected during the last quarter of 2013 for a first time comparison.</p> <p>The Audit committee will continue to monitor the intervention summaries insuring they are person centered per guidelines and that individuals served at SVMHI are provided with interventions consistent with their treatment plan.</p>	<p>During 2014, there was an effort by both the Recovery Department and the Forensics Department to include informative programming. The Forensics Department created quarterly programming to meet the unique needs of the individual being served. New programming is offered each quarter to promote choice and increase satisfaction. The Recovery Department added programming related to computers, therapeutic horticulture, community resources and a vocational component to align with the employment and vocational programming. Attendance data was collected throughout the year and an audit committee reviews the interventions summaries and provided feedback to clinicians.</p> <p>To promote efforts of seclusion and restrain reduction, new training of key direct staff was developed and began to assist in training in active listening skills, engagement skills, and mechanisms of team work to reduce S and R. Calming rooms were designed and have been placed on the list for renovation and will be available to all individuals being served. Each episode of and S and R is reviewed and monitored by a clinical team.</p> <p>Peer support specialists met with Regional Peer Support Specialists to provide an orientation to the SVMHI facility three times in 2014. Furthermore, the two Peer Support Specialists attend the Regional Recovery Meeting for valuable networking opportunities. The Peer Support Specialists meet with all new individuals and offer support and encouragement as needed. They explain Wellness Recovery Action Planning as indicated. The Peer Support Specialists attend treatment teams and Court Hearing when requested by the individuals being served. They conduct peer groups and assist individuals with their treatment process as indicated.</p> <p>There have been no efforts to offer tours/training about job</p>

3.2. There will be a Seamless Peer transition between facility to community

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.

3.4. Care will be provided and documented in a person centered manner utilizing choice, empowerment and self determination.

3.1b. **The Recovery Committee** will devise a plan by 4/1/14 to create calming and serenity rooms which incorporate environmental enhancements on the civil and forensic units. This plan will address the need to increase opportunities within the programming space and separate from stimulating settings. The informational plan will be provided to the S and R committee, Medical Executive Team and the Administrative Team during regularly scheduled meetings. This will be reflected in the monthly meetings minutes.

3.1c. The **S and R committee** will promote a plan to reduce S and R episodes. The committee will provide ongoing monitoring of the S and R data and offer training related to communication and de-escalation skills as it relates to trauma informed interventions to all staff by 6/25/14. This committee will insure that Trauma Informed Care is being incorporated in the treatment planning of those served at SVMHI.

3. 2a. A **Peer support specialist** will offer training to staff regarding the benefits of Peer assisted services in the facility and

responsibilities (pre-screening, medication monitoring etc.) of various line staff between the Regional agencies.

Efforts are made to provide consistent orientation of CIT officers and to provide active communication during Emergency Services and partnership meetings to increase communication.

Person centered documentation was reviewed in one clinical meeting with care coordinators. A committee was selected to review this process and determine ways to implement the use of person centered documentation.

		<p>within the region by 3/14. Peer Support Specialist will participate in <i>orientation of SVMHI services</i> to the peers within region 6.</p> <p>3.2. b. The Peer Support Specialists will develop a plan to</p> <ol style="list-style-type: none">1. Welcome all new individuals entering care at SVMHI,2. Provide support following an episode of seclusion3. Provide information about WRAP4. Offer Peer support information in their community of choice as part of discharge planning efforts5. Maintain documentation regarding Peer activities in TAPs <p>3.3 Peer Providers/ Facility staff 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 Clinical Director/Designee and Peer Providers 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 Clinical Director/Designee 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</p>	
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		<p>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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Desired Outcome	Action Planning	Measurement/Responsibility	Overall focus
<p>4. There will be an increase in staff employment satisfaction</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. HR Director 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 Director 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. Department Managers will make this assignment.</p> <p>4. 4. The Recovery Coordinator will work with the Staff Education and Development Coordinator to obtain a speaker during Recovery Month (September 2014) who will provide motivation and assistance for recovery oriented leadership.</p>	<p>Staff survey was provided to all staff utilizing Survey Monkey. 54 respondents provided feedback related to their thoughts and beliefs related to recovery and the services at the facility. The Survey results are attached.</p> <p>Additional surveys were provided related to team functioning and safety.</p> <p>There was no active mentor programming put into place in 2014.</p> <p>The Staff Education and Development Coordinator and the Recovery Coordinator attempted to have a Recovery Speaker in September but arrangements and funding were not available. This will occur in 2015.</p>

Comparison Data 2014/2015 Recovery Survey for Individuals Served

What choices do you get to make at this hospital – what are the things that you get to decide or help decide?	I decide		No choice		Shared decision		total	total
	2014	2015	2014	2015	2014	2015	2014	2015
1. What I eat at mealtime	31%	8.3%	37%	47.2%	31%	44.4%	54	36
2. When I go to sleep or wake up	69%	44.4%	15%	30.6%	17%	25%	54	36
3. Whether I share a room and with whom	11%	11.4%	70%	68.6%	17%	20%	54	35
4. What I wear each day	91%	85.7%	6%	11.4%	4%	2.9%	54	35
5. What is in my treatment plan	9%	8.3%	35%	25%	54%	66.7%	54	36
6. What classes I take in the hospital	26%	8.3%	22%	25%	50%	66.7%	54	36
7. Whether I take medications and which ones	13%	8.3%	49%	52.8%	39%	38.9%	54	36
8. When I will be ready to leave the hospital	11%	13.9	46%	25%	41%	61.1%	54	36
9. Where I will go when I leave the hospital	43%	30.6	19%	11.1%	39%	58.3%	54	36

Question Responses by Individuals	YES		NO		UNSURE		total	
	2014	2015	2014	2015	2014	2015	2014	2015
1. A. Do you feel that you have had input to your treatment goals?	69%	68.6%	15%	14.3%	17%	17.15	54	35
1. B. Has the Treatment Team involved you in making your plan?	72%	85.7%	9%	2.9%	19%	11.4%	54	35
2. Have you and the Treatment Team (or other staff you work with) had a discussion about what it will take for you to be able to leave the hospital and avoid having to come back again?	74%	56.8%	15%	8.1%	11%	35.1%	54	37
3. Do you believe that your mental health condition will improve – that you will get better?	83%	91.7%	9%	2.8%	4%	5.6%	54	36
4. Do you think the <i>staff</i> here at this hospital believes your mental health condition will improve – that you will get better?	69%	75.0%	6%	5.6%	245	19.4%	54	36
5. Is there someone – anyone – at this hospital you can count on most to help you? Someone that you really trust and relate to, and talk to? If yes, circle the one person who helps the most of the following: doctor, nurse, social worker, aide, and psychologist.	83%	72.2%	11%	5.6%	6%	22.2%	54	36
6. Do you feel the rules about your “level” – grounds privileges, etc. – are fair and fairly administered?	67%	70.3%	26%	18.9%	7%	10.8%	54	37
7. Do you feel safe at this hospital? If your answer is no, who do you think might harm you? (Circle) staff, other patients, both? Patient staff	72%	88.2%	22%	5.9%	6%	5.9%	54	34

Question Responses by Individuals	Strongly Disagree		Disagree		Agree		Strongly Agree		N/A Not sure	
	YEAR	2014	2015	2014	2015	2014	2015	2014	2015	2014
1. Most staff at this hospital listen carefully to what I have to say	7%	5.7%	19%	20%	44%	51.4%	22%	17.1%	7%	5.7%
2. Most staff at this hospital see me as an equal partner in my treatment program	6%	2.9%	19%	25.7%	44%	48.6%	20%	11.4%	11%	11.4%
3. Most staff at this hospital understand my experience as a person with mental health problems	9%	2.8%	20%	25%	35%	47.2%	19%	19.4%	15%	5.6%
4. I feel I have a say in the treatment I get here	6%	8.8%	20%	23.5%	44%	50.0%	17%	8.8%	11%	8.8%
5. Staff at this hospital have used pressure, threats, or force in my treatment	28%	28.6%	39%	54.3%	17%	8.6%	9%	8.6%	4%	0
6. The doctor has worked with me to get me on medications that are most helpful to me	7%	8.8%	11%	11.8%	46%	55.9%	26%	20.6%	7%	2.9%
7. Staff at this hospital interfere with my personal relationships	24%	23.5%	39%	47.1%	11%	17.6%	17%	5.9%	9%	5.9%
8. Services at this hospital have caused me emotional or physical harm	31%	20.6%	46%	50%	13%	20.6%	6%	8.8%	4%	0
9. There is at least one person at this hospital who believes in me	9%	0	4%	5.7%	44%	57.1%	33%	25.7%	9%	11.4%
10. Staff at this hospital believe that I can grow, change, and recover	6%	0	0%	8.6%	57%	54.3%	31%	25.7%	6%	11.4%
11. My treatment goals (in my treatment plan) are stated in my own words	2%	2.9%	26%	17.1%	30%	40%	19%	5.7%	24%	34..3%
12. There is a consumer or peer support person I can turn to when I need one	4%	2.9%	15%	8.6%	44%	54.3%	26%	8.6%	7%	25.7%
13. I am working on a Wellness Recovery Action Plan WRAP Plan	9%	2.9%	11%	17.1%	44%	40.0%	22%	8.6%	13%	31.4%

QUESTIONS STAFF SURVEY	strongly disagree		disagree		not sure		agree		strongly agree		TOTAL	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
1. The concept of recovery guides our practices at this hospital vs. SVMHI demonstrates recovery in our care and treatment	0	0	8%	6%	6%	13%	46%	54%	38%	28%	48	54
2. People receiving psychiatric/substance abuse services have a strong role in deciding their own treatment and rehabilitation goals vs. People receiving psychiatric/substance use disorder services have a strong role in deciding their recovery goals	0	2%	6%	11%	13%	11%	53%	59%	25%	17%	48	54
3. We encourage people regardless of their condition or status to actively participate in the recovery process vs. SVMHI encourages individuals to actively participate in their own recovery process regardless of their condition.	0	0	8%	7%	4%	6%	48%	52%	40%	35%	48	54
4. We recognize that recovery in serious mental illness/substance abuse is different for each person vs. SVMHI recognizes that the recovery process in serious mental illness and / or substance use disorders is different for each person.	0	45	0	2%	2%	4%	44%	575	54%	33%	48	54
5. Residents at the hospital have opportunities to pursue hobbies and leisure activities that are importance foe their recovery vs. Individuals at SVMHI have opportunities to pursue leisure activities and hobbies that are important for their recovery.	0	0	13%	13%	2%	6%	50%	55%	35%	26%	48	54
6. We have high expectations for ht person we serve to get better, to recover. Vs. SVMHI has high expectations for individuals being served to recovery and improve.	2%	4%	2%	11%	2%	8%	52%	55%	42%	235	48	54
7. I am familiar with the details of my facilities recovery plan Vs/ I am familiar with the details of the SVMHI Recovery Plan.	0	0	0	8%	13%	6%	52%	66%	35%	21%	48	54

QUESTIONS STAFF SURVEY	Strongly disagree		Disagree		Unsure		Agree		Strongly Agree		TOTAL	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
8. The leadership of this facility is committed to achieving a high degree of recovery-based experiences for the person we serve. <i>Vs. The leadership team at SVMHI is committed to offering recovery-based experiences to the individuals being served.</i>	0	0	0	8%	13%	23%	46%	47%	42%	23%	48	54
9. I have received training on recovery model within the last year and a half <i>vs. I have received training in the Recovery Model within the last year.</i>	0	0	10%	6%	8%	8%	42%	35%	40%	31%	48	54
10. During the past 19-24 months I have learned new ways that I can contribute to the recovery experiences of the person I serve. <i>Vs. I have tried new ways to enhance the recovery experiences of the individuals served at SVMHI</i>	0	0	13%	0	6%	13%	52%	62%	29%	25%	48	54
11. I am aware of specific ways that the adoption of the recovery model for treatment at our hospital has improved the life of residents <i>vs. I am aware of specific ways that recovery practices have improved the lives of individuals served at SVMHI.</i>	2%	2%	8%	6%	13%	12%	48%	46%	27%	35%	48	54
12. Residents enjoy more opportunities to make choices about the treatment and about their daily routines than they did 18 months ago <i>vs. Individuals enjoy more opportunities to make choices about their treatment and daily routines that were provided 24 months ago.</i>	0	4%	6%	4%	6%	27%	56%	42%	31%	23%	48	54

QUESTIONS STAFF SURVEY	Strongly disagree		Disagree		Unsure		Agree		Strongly Agree		Total	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2014	2015
13. We give people we serve more opportunities to have jobs, duties, or opportunities to volunteer that give them a valued role on their unit, in groups, in the hospital, or in the community that we did 18 months ago. <i>Vs. SVMHI provides individuals more opportunities to have jobs, duties or volunteer positions than were provided 24 months ago.</i>	0	0	4%	0	10%	4%	54%	50%	31%	46%	48	54