
Southern Virginia Mental Health Institute

Our Vision

To be an integrated and collaborative resource that improves the quality of life for individuals with or at risk of mental illness through a system that promotes the highest level of consumer participation in all aspects of community life.

Our Treatment Values Are:

- Consumers' right of self-determination
- Consumers' responsibility with Empowerment
- Consumers' vision towards Recovery

Our Motto: Promoting and supporting hope, dreams, and self determination.

DEMOGRAPHICS

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| Address: | 382 Taylor Drive, Danville, VA |
| Telephone: | 434-799-6220 |
| Date Established: | March 1977 |
| Accreditation Status: | JCAHO Accredited Medicare/Medicaid Certified |
| Total Number of Beds: | 72 funded beds 80 infrastructure beds |
| Services Provided to: | <p>Counties of Brunswick, Charlotte, Franklin, Halifax, Henry, Mecklenburg, Patrick and Pittsylvania</p> <p>Cities of Danville and Martinsville</p> |
| Community Services Boards: | Danville-Pittsylvania Mental Health Services Piedmont Community Services Southside Community Services Board Crossroads Community Services (Charlotte County only) |
| Square Miles: | Primary - 9,501 |
| Population: | 400,000 approximate |

Southern Virginia Mental Health Institute has a complement of 72 beds served by three (3) Treatment Teams. One team is for a subgroup of the forensic population, those individuals adjudicated Not Guilty by Reason of Insanity (NGRI) while the other two (2) teams are for adult psychiatry. Approximately 80% of the patients are admitted on an involuntary basis. 68% of the admissions are persons who have been admitted to a Virginia State Facility at some time in the past. Major diagnostic categories include: Psychoses (Schizophrenia and Psychosis not otherwise specified), Major Affective Disorders, and individuals carrying dual diagnoses of Mental Retardation and Mental Illness or Mental Illness and Substance Abuse.

SVMHI works with our regional stakeholders in all aspects of client treatment and work jointly from the point of pre-admission to the consumers' return to their communities.

ADMISSION PROCESS

Admission Criteria

A person may be admitted to the facility if he/she has a mental illness or co-occurring disorder and a substantial likelihood exists that the person will, in the near future, cause serious physical harm to self or others; will suffer serious harm due to lack of capacity to protect self from harm or to provide for his/her basic needs and no less restrictive alternative to inpatient treatment is available. A referral for admission is accepted from a certified pre-admission screener, employed by a Community Services Board (CSB). A person also may be admitted by special court order for competency and sanity evaluations, for restoration of competency or treatment for those adjudicated as Not Guilty By Reason of Insanity (NGRI).

- **Ages Served:** 18 through 64 years old
- **Residency:** The person must reside or be transiently located within the catchment areas of the community services boards served by the facility; namely, Danville-Pittsylvania Community Services, Piedmont Community Services, Southside Community Services and Charlotte County of Crossroads Community Services.
- **Ability to Pay for Services:** Services provided regardless of ability to pay
- **Admission Hours:** 24 hours a day, 7 days a week
- **Legal Status:** The facility accepts persons who apply for admission on a voluntary basis; persons who are referred by a Temporary Detention Order (TDO), including those transferred from jails on Criminal TDO's; those who are involuntarily committed to the facility; and those who are referred by Special Court Order with forensic status, including those who have been adjudicated as Not Guilty By Reason of Insanity (NGRI).
- **Medical Status and Limitations:** The facility does not have capability to manage medical conditions of persons if those conditions are significantly unstable and/or require immediate inpatient treatment or surgery or if persons require medical treatment and detoxification from drugs or alcohol.

The facility's scope of services does not include treatment for those who primarily have symptoms or conditions due to medical disorders, neurological disorders, head trauma or primary dementia, unless there is evidence of serious behaviors causing risk of harm to self or others or serious co-occurring psychiatric disorders that are treatable in an inpatient psychiatric services environment.

The facility may not have the capability to treat or accommodate persons who have special physical limitations or needs. For such circumstances, referrals will be made to facilities that can provide for the specialized care required.

Transfers

The facility admits persons from its service area from private inpatient providers and from other state facilities within the Commonwealth of Virginia. Transfers from other state facilities, including patients adjudicated Not Guilty By Reason of Insanity (NGRI), must be approved by the facility director.

Admission Process

An Admission Social Worker accepts referrals and coordinates admissions Monday through Friday from 8:00 AM until 4:30 PM. At all other times, the Nursing Shift Administrators accept referrals and coordinate admissions. Prior to a decision to accept a person for admission, the pre-admission screening, other mental status evaluations and results from a medical screening and evaluation are reviewed to confirm that the person meets the criteria for admission. A facility psychiatrist must review data related to medical status to determine whether the person can be appropriately, safely and immediately treated in the facility, if medical conditions exist.

At the time of arrival, the facility ensures that the person admitted is welcomed and is safe. Each person is provided an orientation to his/her room, the unit, unit rules, the patient care environment, and his/her rights as a patient. A RN conducts an admission assessment within 8 hours which includes a risk assessment for suicide, pain, fall and nutrition. The psychiatrist or psychiatric nurse practitioner conduct an initial psychiatric evaluation; the person will receive a physical examination, if not previously performed within specified time frames, including a neurological exam and dental assessment and an initial treatment plan is developed and implemented, all within 24 hours of admission.

Clinical Services Overview

Southern Virginia Mental Health Institute provides person-centered and individualized treatment using the principles of recovery to promote hope, self determination, and empowerment. SVMHI offers an integrated system of care for individuals who experience mental illness, substance abuse and/or mild mental retardation. The primary goal is to maximize favorable outcomes for those individuals served as they make a safe return to their chosen community. Essential elements of treatment focus on self direction, respect, responsibility, and the use of peer support. Treatment is holistic; strength based, and is non-linear.

Clinical Staffing

Clinical Departments include professionals from psychiatry, medicine, nursing, psychology, forensics, social work, and recovery. Each department has a department leader and an organizational chart. All clinical staff members have training in providing clinical psychiatric care using psychosocial rehabilitation and recovery oriented models of care. Communication, completion of performance evaluations, competencies, and clinical supervision is the responsibility of the department leader.

The following clinical services are offered:

- *Screening and intake*
- *A safe and secure environment* with 24 hours/7 days per week trained staff
- Comprehensive psychiatric evaluation
- A comprehensive *assessment* process to address issues which led to hospitalization
- *Diagnostic review*
- *Psychological testing*
- *Orientation to treatment and services*
- *Patient education and skill building group treatment* needed to promote recovery
- *Individual treatment*
- *Restoration to competency* for court ordered patients
- *Evaluation and /or treatment* for patients from local jails
- *Discharge planning* which includes ongoing interaction with community services to insure safe placement, personal wellness plan development and referral for vocational services in the community
- *Pre-discharge Planning* for those found Not Guilty by Reason of Insanity (NGRI)
- *Peer supported care* (i.e. Wellness Recovery Action Plan development)
- *Peer Support Groups*

**CLINICAL
SERVICES**

Interdisciplinary Treatment Team

While hospitalized, each patient is a member of an interdisciplinary treatment team comprised of a psychiatrist, who serves as the team leader, a psychologist, psychology associate, a social worker, a recovery therapist, a registered nurse and a representative from a community services agency. This team plans and provides all the clinical services from admission to discharge. Each team consults with the dietician, nurse practitioner, medical doctor and a pharmacist. Laboratory and other diagnostic services are provided. Physical Therapy, Dental services, Optometry, Occupational therapy and Speech and hearing therapy services are provided by consultation by order of a physician.

Assessment and Master Treatment Planning Conference

Each patient is involved in an assessment process which begins with the initial contact. Each member of the interdisciplinary treatment team conducts an assessment with the patient. The comprehensive assessments includes each patient's interpersonal strengths, identification of the issues leading to hospitalization, medical history, past and current psychiatric and psychosocial history, current family and/or supports in the community, social behavioral functioning, substance use history, academic and vocational history, leisure interests, and nutritional needs. The patient is provided an opportunity to complete a consumer self evaluation which provides a personal perspective of their needs regarding treatment. The patient is given an orientation to the unit and is provided a list of all activities and a schedule of various activities and groups they may select while hospitalized.

In the event a patient has a temporary detaining order by the court, court hearings are held at the facility in the library. An independent evaluator and legal council meet with all patients who have hearings.

Within 72 hours each patient participates in a Master Treatment Planning Conference to develop and review the plans for treatment. Team members review patient group choices, any additional treatment groups and activities that may assist the patients during the hospitalization. Family and/or supports and community agency representatives are invited to this conference. Conferences occur every two weeks for one month and then are held every thirty days. A patient may request team reviews more frequently to discuss treatment, medication management and discharge planning. The Patient Rights Advocate is invited to attend the treatment team meetings.

Physical Layout of the Clinical Area

The treatment area consists of four living units for patients. Three are predominantly for civil patients and house 48 CMS certified beds, with one unit used for those patients who are clinically ready for discharge and may have barriers to discharge or housing concerns. A fourth unit houses 24 CMS de-certified beds for residents who have been found Not Guilty By Reason of Insanity (NGRI). All units open to a larger area which houses programming rooms, a commons area for visitation, a dining room, patient library, patient and staff canteen, a large multi-purpose room, a craft room and staff offices.

Recovery Program Schedule

A Recovery Program Schedule consists of skill based groups, treatment team recommended group options, structured and unstructured leisure options, peer group options and work experiences. The program is offered on a cross unit basis and is available to all patients. The groups are facilitated by the clinical staff. A combination of groups run from 9:00 AM until 4:15 PM each day. During the evening and week ends, both structured and unstructured leisure activities are offered to the patients. The Recovery Program Schedule is evaluated periodically with patients and staff and changes are made accordingly.

Not Guilty by Reason of Insanity (NGRI)/ Forensic Services

Psychosocial rehabilitation programming on the Not Guilty by Reason of Insanity (NGRI) unit integrates in-hospital services and community based treatment opportunities. Emphasis is placed on the successful reintegration of these patients into the community while minimizing the risk to the community. Not Guilty by Reason of Insanity (NGRI) patients earn graduated privilege increases as part of a demonstration model of risk management (See Not Guilty by Reason of Insanity (NGRI) Manual for details). Patients (with the appropriate privilege levels) are encouraged to take escorted and unescorted trips into the community in order to demonstrate to the DMHMRSAS and Courts their readiness to safely return into the community and to establish requisite community supports.

Continuity of Care for Patients

Continuity of care between SVMHI and the Community Services Board is assured by written and verbal communications and through participation of the Community Services Boards' liaisons in treatment planning with each patient. Monthly meetings are convened between the CBSs and SVMHI to review the circumstances of patients who have extra ordinary barriers to discharge.

Clinical Training

Surveys and evaluations are conducted regularly by the Education and Staff Development Department to address the training needs of clinical staff members. Training in evidenced based practices is a priority for staff and provides quality treatment to the patients who are served at SVMHI. To minimize disruption in the daily clinical treatment process, speakers, trainers and consultants are routinely brought in to train staff.

Ethical Consultation

SVMHI has an Ethics Committee to address ethical dilemmas which arise in providing clinical care. Ethics consultation is held at least semi-annually with a Bioethicist for SVMHI and the regional partners within SVMHI service area. This collaboration promotes communication and serves to build ongoing regional support.

Patient Advocacy

All SVMHI patients and their support systems are strongly encouraged to participate and provide feedback to clinicians who offer treatment. Self advocacy is respected and viewed as a strength that can promote personal recovery. It is recognized at SVMHI that whereas not all symptoms of a mental illness or co-occurring disorders may be alleviated with clinical treatment and medication, personal recovery can occur as a person seeks to achieve the highest quality of life possible.

Discharge Planning

Discharge planning is conducted in cooperation with each Community Services Board as outlined in the Discharge Protocols for Community Services Boards and State Mental Health Facilities. Plans for discharge begin when the patient is admitted to the facility. The prescreening and accompanying information from the CSB are valuable tools for the identification of pre-discharge issues during the initial assessment of the patients needs. Within 72 hours of admission, the Comprehensive Treatment Planning (CTP) Conference is held to discuss the individuals Comprehensive Treatment Plan and develop the Needs upon Discharge, in consultation with the individual, the legally authorized representative, the CSB and with the individual's consent, family members and private providers. Discharge plans are reviewed and the CSB liaison completes the Discharge Plan. In addition, liaisons from each Community Services Board communicate on a regular basis with Institute staff to further coordinate plans for discharge. Just prior to discharge, an outpatient aftercare appointment is made for each patient at his/her community services board's mental health center. The patient's psychiatric evaluation, comprehensive social work assessment, discharge summary and release referral summary are forwarded to the mental health center. A portion of the release referral summary is given to the patient, along with a supply of medications.

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01/02/02; 02/03; 02/04; 01/06; 12/08, 1/6/09

**DISCHARGE
PLANNING**