

*SOUTHERN VIRGINIA MENTAL HEALTH INSTITUTE
THE COMPREHENSIVE RECOVERY PLAN*

*2012
Updated Progress (2/28/13)*

This is the 2012 Comprehensive Recovery Plan. This is the fifth year the plan has been active at Southern Virginia Mental Health Institute (SVMHI). This plan includes updated goals and strategies from the previous year's plans. The goals that remain in process have been renumbered with notes to indicate which year the goal originated.

This plan includes the continuing efforts (indicated by the goals and strategies) that the facility is engaged in as it creates a recovery oriented environment of care for the individuals served (referred to as individuals served patients and residents) and to the staff members who serve at SVMHI. The Recovery Workgroup (comprised of five sub workgroups) has developed and reviewed the contents of this plan. The plan goals, strategies and measurements are posted on the Facility Website. 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.

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 .

I. 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
<p>1.*: The Administrative Team will oversee the Comprehensive Integrated Assessment and treatment plan and insure its compliance. This Instrument is now called the Treatment Assessment and Planning System (TAPS)</p> <p>*This item was goal number 6 in the 2011 Comprehensive Plan and strategies have been updated.</p>	<p>1 A: A complete policy, procedure and competency description for the online version of the TAPS will be completed by 8/12</p> <p>1-B: A process to monitor compliance of the instrument will be operational by 6/12.</p>	<p>1A: A developed policy and procedure will be reviewed by all clinical staff as indicated by rosters during the training. A monthly review of this will be provided to the Recovery Workgroup.</p> <p>1 B: 100% of all records will be in compliance with the instrument.</p>	<p>1A: Cheryl Chittum and Cyndi Haskins and their designees will develop the policy and procedure and present it during the training of staff.</p> <p>1B: The Recovery Coordinator will develop an audit form and develop a team to provide peer and supervisory monitoring for a monthly review of the TAPS records.</p>	<p><i>Completed by deadline.</i></p> <p><i>Completed, and plan of correction was designed to monitor group notes, medical problems and progress notes by Cheryl Chittum</i></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
<p>1.*: The facility will employ persons and use volunteers to provide peer-supported recovery experiences within the facility.</p> <p>*This item was goal number 2 in the 2011 Comprehensive Plan and has been updated.</p>	<p>1 A: The facility will offer training to staff related to the benefits of hiring peers in the workplace by 6/12.</p> <p>1 B: Peer Training will be offered during a regional Peer VOCAL Conference scheduled before June 2012 on a variety of topics to benefit peers and professionals of the power of peer involvement in the workplace.</p>	<p>1A: The Staff Education and Training Coordinator will obtain a roster of those attending.</p> <p>1 B. There will be registration of 40 peers and professionals registered for the regional event</p>	<p>1A: The Recovery Program Coordinator, Staff from Staff Development, and Facility WRAP Facilitator will present a PowerPoint of the benefits of hiring peers in the workplace to the SVMHI Staff.</p> <p>1B: The WRAP facilitator will assist the Vocal Representative in organizing and promoting a Peer Training on a number of topics in this region.</p>	<p><i>Attempts were made to have Vocal representative come to offer this training without success. The committee is working on offering this by 10/12. Efforts towards this goal will be provided in 2013.</i></p>
<p>2.*:The facility will offer training and provide competency guidelines to all clinical staff members regarding the Treatment Assessment Planning System (TAPS) and will promote TAPS reliance on person centered planning.</p> <p>*This item was goal number 5 in the 2011 Comprehensive Plan and the goal and strategies have been updated.</p>	<p>2 A: A comprehensive TAPS orientation process will appear on the LMS staff training program for existing and newly hired staff members by 12/12. This LMS training will outline ongoing treatment planning and competency guidelines for staff members who develop treatment plans by 12/12.</p> <p>2B: Training for documenting interventions will be provided to clinical staff by 6/12.</p>	<p>2A: All existing staff and newly hired staff will have access to the LMS staff training model to review as measured through records maintained in LMS by 12/12. Through successful completion and ongoing supervision staff members will be recognized as competent to complete person centered plans for patients and residents.</p> <p>2B: All staff who document in the Active Treatment Hours Computer Program will be engaged in learning the TAPS</p>	<p>2A: Each Clinical discipline will monitor staff's competency in developing treatment plans utilizing their EWP and Competency rating sheets</p> <p>2B: The Recovery Coordinator and IT Staff will organize and schedule training for all staff that</p>	<p><i>This goal will be continue in the 2013 plan.</i></p> <p><i>Completed, and plan of correction was designed to monitor group notes, medical problems and progress notes by</i></p>

		Intervention Program through scheduled training in the computer by 4/30/12.	use TAPS for recording interventions. All training attendance will be kept.	<i>Cheryl Chittum</i>
<p>3.*: The facility will offer training to engage staff in using solution and strength based documentation in the clinical record.</p> <p>*This item was goal number 6 in the 2011 Comprehensive Plan and the strategies have been extended and updated.</p>	<p>3A : Solution and strength based documentation strategies will be researched and reviewed by a multidisciplinary workgroup (including peers) and training programs will be developed for staff by 12/12</p>	<p>3 A: 80 % of clinical staff will be trained by 12/12 A monthly review of this will be provided to the Recovery Workgroup.</p>	<p>3A: The Staff Development and Training Coordinator along with the workgroup will identify training resources and scheduled training by deadline.</p>	<p><i>This goal was changed to reflect training regarding documentation regarding Trauma Informed Care and person centered care.</i></p>
<p>4: The Facility will update The Recovery Orientation Training and the Annual Recovery Training provided to staff.</p>	<p>4A: The Recovery Training workgroup will review and update the orientation and annual recovery oriented training provided to all new and current staff by 9/12.</p> <p>4B: New Hire and annual orientation participants will attend updated training by their due dates annually.</p>	<p>4A: Progress on the updated version of this training will be provided monthly to the Recovery Workgroup</p> <p>4B: LMS records will record all new hired staff and annual orientation participants.</p>	<p>4A, B: The Staff Development and Training Coordinator will provide the agenda for this workgroup and monitor their progress of training.</p>	<p><i>Currently updated and being offered monthly to all staff.</i></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 *: The individual will have access to their treatment plan and treatment goals will be written in their own words when possible.</p> <p>*This item was updated from the previous goal number 4 in the 2011 Comprehensive Plan and the strategies have been changed updated.</p>	<p>1 A: Each Care Coordinator will insure and promote the use of the patients own words as they develop the treatment plan with the patient and/or resident</p> <p>1 B: Each care coordinator will record that each patient/resident has his/her own modified copy.</p>	<p>1 A: The treatment planning Document will be viewed on a screen/or by a paper version and this practice will be documented in the clinical record 10/12.</p> <p>1 B: The use of the patient’s own words will be listed on a treatment plan and will be monitored using the TAPS Audit Tool with 85% compliance by 10/12.</p>	<p>1A: Care Coordinators will insure that the treatment planning document is reviewed and seen by the person served</p> <p>1B: Supervisors and care coordinators will use the audit tool to review data</p>	<p><i>Care coordinators review the treatment plan to residents and insure it is noted on the treatment plan. Comments are added to the Treatment Team Signature sheet at the end of the treatment team meetings.</i></p>
<p>2 *:The Facility Treatment Assessment Planning System (TAPS) Instrument will include interventions.</p> <p>*This item was goal number 4 in the 2011 Comprehensive Plan and the strategies have been extended and updated.</p>	<p>2 A: An online TAPS Intervention version will replace the former Active Treatment Hours (ATH) computer program. It will be finalized and piloted and ready for full use by 7/1/12. Training users to use this patient centered program will be the department supervisors or their designee’s responsibility.</p> <p>2 B: Ongoing monitoring will be maintained to make improvements in the instrument on an annual basis.</p>	<p>2A: Online Treatment planning document will be used to record treatment interventions by 7/12</p> <p>2B: 100% of the records will be monitored by compliance by 10/12</p>	<p>2A: Care coordinator and treatment team members will use the online version of TAPS with all persons served. Department supervisors will train new users during the orientation process.</p> <p>2B: HIS will monitor the records and report outcomes to the Risk Manager.</p>	<p><i>Currently being utilized.</i></p>

<p>3. The Facility will facilitate and support a culture where patients/ residents are active participants in the treatment team.</p>	<p>3A: The team will identify ways to promote more involvement with patients/residents during treatment team meetings by 8/12. 3B: The team will identify ways to inform the patients/residents about treatment team meetings by 6/12 and incorporate this into a plan.</p>	<p>3A: Each team will have a developed written plan. 3B: The plan will be submitted to the Medical Director. The team will develop the means to self monitor the outcomes related to the plan.</p>	<p>3A: The Medical Director or his designee will provide guidelines to each treatment team about the plans. 3B: The Recovery Workgroup will monitor the progress quarterly of the treatment team's efforts.</p>	<p><i>This goal was moved to the 2013 plan.</i></p>
<p>4. The Facility will develop treatment team efficiency.</p>	<p>4A: The treatment team meetings will study ways to manage their time efficiently. Each team will develop an efficiency plan to review with the Medical Director.</p>	<p>4A: The TAPS audit tool will record activities listed on the Signature Sheet indicating 100% compliance by 6/12. The Team leader will devise a plan for improving team function and create outcome measures by 12/12. The Medical Director will make this plan available to the Recovery Workgroup by 12/12.</p>	<p>4A: The team leader will led the team to study their time usage and find productive means to produce meaningful team meetings</p>	<p><i>This goal was moved to 2013 plan.</i></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
<p>1.*: The facility will have an increase in the use of solution and strength based documentation in the patient record.</p> <p>*This item was goal number 3 in the 2011 Comprehensive Plan. The goal and strategies have been updated.</p>	<p>1A: Clinical notes, treatment plans and intervention notes will be reviewed by a performance improvement workgroup between 6/12 and 8/12 to obtain baseline data in identifying solution oriented and strength based documentation.</p> <p>1B: The Workgroup will develop a worksheet to collect data by 5/12.</p>	<p>1A: Base line data collection will be collected between 6/12 and 8/12 on the 15% of charts to identify use of solution and strength based documentation.</p> <p>1B: Performance Improvement data will be obtained between 10/12 and 2/13 it will show a increase in solution and strength based documentation</p>	<p>1 A: 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</p> <p>1B: The workgroup use the tool to collect data.</p>	<p><i>Not yet complete and will be updated for the 2013 Recovery Plan to include Trauma Informed care and Person Centered care.</i></p>

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 promote consumer self-advocacy and provide opportunities for self advocacy to be exercised.</p> <p>*This item was goal number 2 in the 2011 Comprehensive Plan and the strategies have been updated.</p>	<p>1A: The Recovery Training sub workgroup will develop goals for the training and organize Coaching training for Residents by extended until 6/12.</p> <p>1B: The Valued roles sub workgroup will identify at least two trainings that promote a recovery environment and self advocacy for patient’s, residents, family and support persons and staff by 3/13.</p>	<p>1A: The Sub workgroup will schedule 2 Recovery coach Trainings for residents and volunteers by December 2011 for 20% of person served.</p> <p>1B: The Valued roles sub workgroup will develop a plan and offer two trainings on self advocacy. Rosters will be kept by staff development.</p>	<p>1A: The Recovery Training sub workgroup will develop the training and goals for the training by 6/12.</p> <p>1B: The Valued Role sub workgroup chairperson will monitor this goal.</p>	<p><i>Not yet completed and to be evaluated in the 2013 Recovery Plan</i></p>
<p>2: The facility will provide updated programming to meet the needs of the individuals served and use an updated computer program.</p>	<p>2A: The PSR Programming and Recovery Environment sub workgroup will update the facility Recovery schedule semi-annually incorporating patient, resident and staff input.</p>	<p>2 A: The PSR Programming and Recovery Environment sub work group will obtain information regarding interventions provided on the Recovery schedule in the annual survey by 4/12. There will be an update in 9/12.</p>	<p>2 A: The sub workgroup will make reports to the Recovery Work group in April and August /12.</p>	<p><i>There was a meeting in February 2013 to begin focusing on a new PSR/Recovery Program Schedule. This item will continue in 2013.</i></p>

<p>3.*: The facility will promote employment and the use of valued roles and will provide opportunities for individuals served to experience those roles.</p> <p>*This item was goal number 3 in the 2011 Comprehensive Plan. The goals and strategies have been updated.</p>	<p>3A: Potential job roles within the facility will be identified by a workgroup of those served and staff members.</p>	<p>3 A: Evidence of a planning document which identifies valued roles within the facility available to consumers.</p>	<p>3A: 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><i>The NGRI unit is currently administering an employment program. This program is open to civil patients but currently have no civil patients referred.</i></p> <p>The goals will continue in 2013 with some revision.</p>
<p>4.*: The facility will promote the inclusion of family and/or other identified supports into the treatment process.</p> <p>*This item was goal number 4 in the 2011 Comprehensive Plan and the strategies have been updated.</p>	<p>4 A: A small workgroup will study the importance of inclusion of supports and or family as important contacts in a person served treatment environment. The workgroup will be made up of peers and facility staff and will obtain feedback from community and family members regarding this issue.</p> <p>4B: The research will be shared with the Recovery Workgroup 5/12and a feasibility study proposal will be developed by 8/12.</p>	<p>4A: There will be meetings of this workgroup between 3/12 and 8/12 of the workgroup as evidenced by minutes and attendance records.</p> <p>4B: The workgroup will present their research to the Recovery workgroup and submit a feasibility study by 8/12.</p>	<p>4A: The workgroup will be made up of clinical staff members and peer members</p> <p>4B: The proposal will be developed and submitted by the small workgroup.</p>	<p><i>No facility department has taken responsibility for this activity during this plan cycle. Each treatment team includes family while applicable This goal will be reviewed and evaluated for inclusion during in 2013.</i></p>
<p>5. The Facility will promote recovery oriented activities for residents, patients and staff on a regular basis and promote September as Recovery Month.</p>	<p>5 A: A workgroup of staff and those individuals served will lead this effort and make monthly reports to the Recovery committee on activities.</p>	<p>5A: The workgroup will be selected by 3/12 will have regular meetings beginning in 4/12. The group will keep minutes and formulize a plan including goals and objectives annually for promoting recovery due by 6/12.</p>	<p>5A: The workgroup will be comprised of a multidisciplinary group, residents, and patients.</p>	<p><i>Committee began meeting in June and planned a series of events. The Recovery Month Events were held and promoted recovery orientation.</i></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
<p>1.*:The facility will serve as a regional center for recovery training, acting as a broker for recovery-related training opportunities for staff and individuals served who may become peer-support staff.</p> <p>*This item was goal number 3 in the 2011 Comprehensive Plan and the goals and strategies have been updated</p>	<p>1A: The facility will provide recovery training, to community agencies as requested. The recovery training will be tailored to the community recovery environment and community-based services delivery. This will be ongoing.</p>	<p>1A: Record of recovery training conducted at community sites.</p>	<p>1A: The facility Staff Education and Training Coordinator will schedule and coordinate training community agencies.</p>	<p><i>Ethics trainings are currently underway and Trauma Informed care has been scheduled. The TIC process will begin early in 2013. All staff will be exposed to this information.</i></p>
<p>2: *The facility will demonstrate to persons served the importance of peer programs and peer support in the community.</p> <p>*This item was goal number 4 in the 2011 Comprehensive Plan and the goal and strategies have been updated.</p>	<p>2A 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>2B: There will be a Peer conference in the region and the facility will assist with the planning of this event through the valued role sub workgroup.</p>	<p>2A: A copy of the flyer will be generated by 6/12. Contact lists will be provided to persons served during orientation and offered during discharge. The flyer will be used in the WRAP groups.</p> <p>2B: A Peer Conference will be advertised and held by 5/12. A roster of participants will be generated for this event by 5/12.</p>	<p>2A: Peer providers in the facility will create a list and make it available to patients, and place it in the orientation packet.</p> <p>2B: The Valued Role sub work group and staff development will lead this effort on behalf of the facility and make regular reports to the Recovery workgroup.</p>	<p><i>Peer conference was not able to be created due to Vocal changes.</i></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
<p>1: *The facility will monitor the recovery paradigm shift.</p> <p>*This item was goal number 1 in the 2012 Comprehensive Plan and the strategies have been updated.</p>	<p>1: A The Recovery Workgroup will administer a Recovery survey to the individuals served each year and incorporate results in the Comprehensive Recovery plan. The workgroup will collect data from employees and compare the data.</p>	<p>1: A 100% of persons served will be provided the opportunity to be surveyed. Data will be compared to the previous years of the survey. Results are listed in the facility newsletter and in the patient newsletter by 5/12.</p>	<p>1A: A small group of surveyors made up of staff and peers will collect the data from patients and residents served and from the staff by 4/12.</p>	<p><i>Survey completed in January 2013 and the results will be placed in news letter. Benchmarks have been developed to measure future surveys.</i></p>