

Facility Comprehensive Plan to the Inspector General Report # 137-07

Facility: Southwestern Virginia Mental Health Institute

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**I. Role of Senior Leadership**

The SWVMHI Clinical Executive Management Committee (Facility Director, Clinical Director, Chief Nurse Executive, Medical Director, Lead Unit Programs Director, Assistant Nurse Executive) as well as other key facility clinical leadership, have been providing leadership in moving the facility toward a recovery environment. Each clinical division has the responsibility to operationalize the recovery efforts in a more detailed manner within their division and to collaborate with other disciplines as needed. SWVMHI senior leadership continues to identify the many philosophical and operational commonalities between system transformation, becoming a high performing organization and fully implementing recovery in the facility.

SWVMHI has had the highest annual rate of admissions and discharges in the DMHMRSAS' inpatient mental health system for the past number of years. SWVMHI's flow through rate is such that we admit and discharge almost two times the number of patients as the state facility with the next highest rate. There are a number of reasons for this. SWVMHI operates in a region that is historically underserved from a health care perspective, and one that is poorer, less educated, under-employed, under- or uninsured, and with less supportive public infrastructure than other parts of the Commonwealth. As would be expected, routine health care, including mental health care, is less common in Southwest Virginia, which means that the individuals admitted to the Institute are typically more psychiatrically acute, frequently more behaviorally agitated, and suffer from more medical co-morbidity and co-occurring disorders.

Despite these continuing challenges, SWVMHI is undertaking several important initiatives to enhance its efficiency of operations and effectiveness of services. These initiatives represent proactive efforts to ensure that credibility with oversight and accreditation bodies remains high, use of resources is increasingly efficient, and that continuing progress is made towards our high performance, values-based, recovery-directed mission.

High Performance Organization (HPO), VASIP/COSIG, and Recovery Model Initiatives: In FY 07, SWVMHI was able to train more than 70 staff members in the principles of High Performance Organizations. Approximately 25 staff members elected to serve as facility “Change Agents,” after participating in HPO training, and 17 individuals are currently actively working on a number of high priority initiatives such as facility-wide safety enhancements, further reduction of seclusion and restraint, clarification and dissemination of values-based leadership principles and practices, and recovery-oriented treatment planning process changes. SWVMHI recognizes that our current and future operating environment demands the ability to invite and utilize the full involvement of all staff at all levels to collaboratively address challenges before they escalate into major problems. It is crucial that this initiative proceed if SWVMHI is to effectively meet the serious challenges we face now, and in the future, by making maximal use of a skilled, creative, and motivated workforce. While it is laborious and time-consuming to move towards a values-driven, knowledge worker culture, the costs of not doing so will be lessened productivity, chronically low morale, higher recruitment and retention costs, and, inevitably, poor clinical outcomes. Although SWVMHI continues to perform well in accrediting surveys, the proliferation of regulatory and oversight requirements increasingly places a premium on the effective and efficient use of resources, of which the human variety is most important in a health care environment. HPO is being embraced by increasing numbers of SWVMHI staff and we are working hard to harness this energy to make momentum-building changes that have an immediate impact.

The HPO effort is closely linked to SWVMHI’s drive to become an increasingly recovery-oriented healthcare organization. Because recovery principles are values-driven, the Institute must become increasingly values-driven to fully realize the importance of making this important shift in the way we provide services. HPO and Recovery share many philosophical and practical underpinnings, such as recognizing the inherent worth of each individual and acting in concert with others to assist each person in being successful, building upon strengths and preferences, rather than deficits and coercion. We see HPO and Recovery as interdependent initiatives, and believe that both are necessary for SWVMHI’s future.

As part of our Recovery initiative, SWVMHI has been an active participant in the VASIP/COSIG system-wide project. The SWVMHI Clinical Director is our representative to the regional VASIP/COSIG Group, and we have an internal team of 10 staff members who are currently engaged in administration of the COMPASS self-assessment tool. The Institute recently sent 8 staff members to a week-long training session in Williamsburg to further our efforts to become a more effective provider of co-occurring disorder services. In a region with high levels of substance abuse-related crime, debilitation, and premature death, SWVMHI is working in conjunction with our constituent CSBs to provide more comprehensive and continuous services to this population.

Obviously, the system changes we are implementing will require a multi-year effort, particularly given the demands on SWVMHI. The plans listed below reflect the current efforts which have been articulated. As these plans and projects evolve, additional next steps will be identified, so that this action plan will be a living document which guides us toward the vision of Recovery.

All of these initiatives have in common the building of a vision for the future of our organization: A vision where every person makes a positive difference in others' lives in every interaction, a vision where every person is a leader, and a vision where every person lives by our values. The integrating themes to our initiatives include a service user-focused and -centered effort emphasizing recovery, healing, empowerment, partnerships, as much choice as possible, personal accountability, quality/continuous improvement, and efficacy/efficiency in a seamless system of care.

<p><b>Goal 1.</b> Promote the value and important of becoming a High Performing Organization (HPO) with a Recovery Focus.</p>	<p><b>Strategy 1.1</b> Ensure the conduct of three three-day HPO training sessions bringing the total staff trained, in addition to Senior Management, to 105 staff (approximately 20% of the workforce).                  Measure: Increase the number of staff trained from 70 to 105 persons and evaluate training by tabulating training evaluation forms.                  Completion date: 9/07</p> <p><b>Strategy 1.2</b> Select key staff (called Change Agents) to continue hospital-wide improvement efforts and provide the Change Agents further training in communication and facilitation of improvement groups. The areas of focus selected by the Change Agents for immediate action fall within the facility’s larger Recovery mission. The projects will continue to evolve and change as issues are addressed and resolved.                  Measure: Increase the number of active change agents from 17 to 25 as a result of the additional training session 9/07 and assign them to active project teams                  Completion date: Initial project selected and teams chartered by 9/07. The efforts will continue ongoing with bi-monthly meetings through December 2007 and at least monthly thereafter.</p>
<p><b>Goal 1.</b> (Continued) Promote the value and important of becoming a High Performing Organization (HPO) with a Recovery Focus.</p>	<p><b>Strategy 1.3</b> Provide support to the Change Agents through regular meetings with Executive Management Committee (EMC) staff to assure that the teams are provided guidance throughout their efforts. The Senior Leadership support the teams’ activities, secures resources, and clears a path in the organization.                  Measure: progress of project teams is on target with workplans as described in Section I Role of Senior Leadership Goal 2, Strategy 2.1.                  Completion date: Vision/Values Project team will have a charter by 9/07 with a completion date by 3/08. Recovery Treatment Planning Project team will have a charter by 9/07 and completion of the first phase of their work by 6/08. EMC will meet monthly with project team to provide support and guidance.</p> <p><b>Strategy 1.4</b> The Executive Management Committee will continue to develop ourselves as role models to the staff and to improve this plan through a series of retreats and work sessions.                  Measure: Twice yearly retreats are held to review progress toward completion of next steps in Recovery Plan.                  Completion date: Update of Plan by 2/08</p>

<p><b>Goal 2.</b> Further define, publicize, promote and operationalize the facility Mission, Vision, Values and Philosophy statements so that each staff member understands and can describe their role in furthering recovery at the facility.</p>	<p><b>Strategy 2.1</b> While the facility Mission (“We promote mental health in southwestern Virginia by assisting people in their recovery”) was revised and communicated in 2006, and facility Values were finalized in 2007 (“We best promote mental health in the people we serve by valuing: Communication, Honesty, Trust, Teamwork, Self-initiative, Leadership, and Honoring day-to-day tasks”), there is still work to do in order to assure that all SWVMHI staff are aware of the above, understand what we mean by them and are living the recovery mission and values. One group of Change Agents will focus on finalizing the Vision and a SWVMHI Leadership Philosophy. This group is currently developing a work plan to publicize and promote these efforts throughout all levels of staff and to educate current staff on Values- based decision-making.                  Measure: Completion of project which includes measurables (to be determined)                  Completion date: Charter by 9/07 and completion of project by 3/08</p>
<p><b>Goal 3.</b> Provide a basic education to staff during orientation about SWVMHI, the region with a focus on healthcare and health challenges, and recovery. Include training of the Mission, Vision, values and Leadership Philosophy and principles of a highly performing, recovery-oriented organization.</p>	<p><b>Strategy 3.1</b> Director’s Orientation held with all new staff has been revised to include an education component on recovery. Presentation offered to Departments for existing staff                  Measure: 90% of newly hired staff will view Director’s Orientation;                  Completion date: by 2/08 will tally percentage of new staff who have viewed Orientation. By 8/08, 25% of SWVMHI departments will have viewed Orientation.  <b>Strategy 3.2</b> Revise Continuous Quality Improvement Orientation module for all new staff to include additional training on the Mission, Vision, Values and Leadership Philosophy and the principles of a highly performing, recovery-oriented organization.                  Measure: 90% of newly hired staff will view revised CQI/HPO orientation                  Completion date: revision of orientation by 11/07; by 2/08 will tally percentage of new staff who have viewed orientation</p>
<p><b>Goal 4.</b> Include Recovery and Values based performance Expectations in every employee’s Work Profile.</p>	<p><b>Strategy 4.1</b> Revise Employee Work Profile template during the annual review of EWPs to include Recovery and Values-based performance expectations for the upcoming Performance Cycle. Separate expectation developed for employees and for those who supervise others.                  Measure: Completion of revisions for use in 100% of new Employee Work Profiles by the Performance Cycle beginning 11/07                  Completion date: 11/07</p>

<p><b>Goal 5.</b> Further emphasize Recovery oriented and Values-based principles and behavior in the SWVMHI Employee Recognition Program</p>	<p><b>Strategy 5.1</b> Revise Employee Recognition program descriptions and nomination forms during the annual review of the Recognition Program to better garner nominees and actions for recognition which reflect a Recovery and SWVMHI Values emphasis.                  Measure: Completion of new nomination forms during annual assessment and evaluation of Employee Recognition Program.                  Completion date: Annually in April of each year.</p>
<p><b>II. Workforce Development</b></p>	
<p><b>Goal 1.</b> As enhanced Active Listening skills have been identified as an important component in Recovery, this curriculum will be implemented with direct care staff to include treatment team staff, nursing and psychiatric aides.</p>	<p><b>Strategy 1.1</b> Provide additional training for Change Agent staff in leading and managing change. Provide opportunity for two-day training and retreat for Change Agents.                  Measure: Complete of study of <i>The Team Handbook</i> by Peter R. Scholtes by Change Agents and evaluate training by tabulating training evaluation forms.                  Completion date: 12/07</p> <p><b>Strategy 1.2</b> Identify a specific Active Listening curriculum (Get-Give-Merge-Go is utilized currently by Rehab staff), assess it for any needed revisions and implement training for nursing and clinical staff identified.                  Measure: Identification of training curriculum by 2/08; evaluate training by tabulating training evaluation forms.                  Completion date: for initial round of training 7/08; 90% of nursing and clinical staff trained by 2/09</p>
<p><b>Goal 2.</b> As described above (Role of Senior Leadership Goal 3), continue to reinforce elements of a high performance organization for all staff on orientation and also, through the Change Agents, work with staff at all levels of the organization to improve their understanding of the Mission and Values-based decision-making.</p>	<p><b>Strategy 2.1</b> As in Section I Role of Senior Leadership Goal 3, Strategy 3.1, Director’s Orientation held with all new staff has been revised to include an education component on recovery. Presentation offered to Departments for existing staff                  Measure: 90% of newly hired staff will view Director’s Orientation;                  Completion date: by 2/08 will tally percentage of new staff who have viewed Orientation. By 8/08, 25% of SWVMHI departments will have viewed Orientation.</p>

<p><b>Goal 2 – Continued</b></p>	<p><b>Strategy 2.2</b> As in Section I Role of Senior Leadership Goal 3 Strategy 3.2, revise Continuous Quality Improvement Orientation module for all new staff to include additional training on the Mission, Vision, Values and Leadership Philosophy and the principles of a highly performing, recovery-oriented organization.                  Measure: 90% of newly hired staff will view revised CQI/HPO orientation                  Completion date: revision of orientation by 11/07; by 2/08 will tally percentage of new staff who have viewed orientation</p> <p><b>Strategy 2.3</b> As described in Section I Role of Senior Leadership Goal 2, Strategy 2.1, while the facility Mission (“We promote mental health in southwestern Virginia by assisting people in their recovery”) was revised and communicated in 2006, and facility Values were finalized in 2007 (“We best promote mental health in the people we serve by valuing: Communication, Honesty, Trust, Teamwork, Self-initiative,</p>
<p><b>Goal 2. Continued</b></p>	<p>Leadership, and Honoring day-to-day tasks”), there is still work to do in order to assure that all SWVMHI are aware of the above, understand what we mean, integrate their understanding into day-to-day decision-making which will result in our living the Recovery mission and values. One group of Change Agents will focus on finalizing the Vision and a SWVMHI Leadership Philosophy. This group is currently developing a work plan to publicize and promote these efforts throughout all levels of staff and to educate current staff on Values- based decision-making.                  Measure: Completion of project which includes measurables (to be determined)                  Completion date: Chartering to be completed by 9/07 with completion by 3/08.</p>
<p><b>Goal 3.</b> Improve the process of Treatment Planning so that it is person-centered, collaborative, strength-based, and Recovery oriented.</p>	<p><b>Strategy 3.1</b> Nursing staff conduct an initial assessment of the newly-admitted consumer within eight hours of admission and then develop an initial treatment plan. The staff will be provided training on a new process that is Recovery oriented and includes the consumer’s own goals and strengths. A record review will measure staff understanding of the process.</p>

<p><b>Goal 3 - Continued.</b></p>	<p>Measure: number of staff who attend training and results of chart review                  Completion date: revision of assessment and initial training/instruction of nursing staff by 10/07; completion of open chart review of 20% of open records by 2/08 with follow-up actions identified as needed  <b>Strategy 3.2</b> Provide training to staff on the revised treatment planning process to assure that the process is consumer driven, strength-based, truly collaborative, recovery focused and includes outreach to others who care about the consumer. A record review will measure staff understanding of the process.                  Measure: number of staff who attend training and results of chart review                  Completion date: revision of treatment planning forms and initial training of clinical and nursing staff by 6/08; completion of open chart review of 20% of active records by 9/08 with follow-up actions identified as needed</p>
<p><b>Goal 4.</b> Enhance the training curriculum for new supervisors and a refresher course for current supervisors both of which provide Values-based, Recovery-oriented components.</p>	<p><b>Strategy 4.1</b> Human Resources and Training staff to assure revised training curriculum is in place for new supervisors and refresher training developed for current supervisors.                  Measure: 25% of new and current supervisors attend training and evaluate training by tabulating training evaluation forms                  Completion date: revision of curriculum by 6/08; begin to tally percentage of new and current supervisors who attend training by 9/08</p>
<p><b>Goal 5.</b> Offer one Recovery-oriented CME per year.</p>	<p><b>Strategy 5.1</b> Medical Director, Grand Rounds Committee, and Training will identify a provider each year and schedule the event.                  Measure: 50% of Medical staff will attend and training will be open to other departments. Evaluate training by tabulating training evaluation forms                  Completion date: Annually by July of each year beginning 7/08</p>
<p><b>Goal 6.</b> Hold one training session on Occupational Therapy strategies as alternatives to Seclusion or Restraint as part of a recovery oriented environment.</p>	<p><b>Strategy 6.1</b> Occupational Therapy Department is sponsoring a training on October 31 for all staff on alternative interventions/strategies to Seclusion or Restraint. Afterwards, the patient Care items Committee will address any purchases that need to be made.                  Measure: number of staff who attend and evaluate training by tabulating training evaluation forms                  Completion of training 10/07, adoption of additional tools and methods by 6/08</p>

<b>III. Treatment Planning</b>					
<p><b>Goal 1.</b> The importance of consumer input at the initial assessment and treatment will be emphasized</p>		<p><b>Strategy 1.1</b> As in Section II Workforce Development Goal 3, Strategy 3.1, Nursing staff conduct an initial assessment of the newly-admitted consumer within eight hours of admission and then develop an initial treatment plan. The staff will be provided training on a new process that is Recovery oriented and includes the consumer’s own goals and strengths (as below). A record review will measure staff understanding of the process.                      Measure: number of staff who attend training and results of chart review                      Completion date: revision of assessment and initial training/instruction of nursing staff by 10/07; completion of open chart review of 20% of open records by 2/08 with follow-up actions identified as needed</p>			
<p><b>Goal 2.</b> Revise and enhance the process of treatment planning to include and emphasize consumer involvement in setting treatment goals and plans.</p>		<p><b>Strategy 2.1</b> As in Section II Workforce Development Goal 3, Section 3.2, <b>Strategy 3.2</b> Provide training to staff on the revised treatment planning process to assure that the process is consumer driven, strength-based, truly collaborative, recovery focused and includes outreach to others who care about the consumer. A record review will measure staff understanding of the process.                      Measure: number of staff who attend training and results of chart review                      Completion date: revision of treatment planning forms and initial training of clinical and nursing staff by 6/08; completion of open chart review of 20% of active records by 9/08 with follow-up actions identified as needed  <b>Strategy 2.2</b> Ensure treatment teams have access to “real-time” feedback for staff review and improvement.                      Measure: 15% improvement of SWVMHI scores as measured by OIG Treatment Team Observation Checklist                      Completion date: observe each treatment team once by 9/08</p>			

	<p><b>Strategy 2.3</b> Each unit will develop actions to improve the rate of attendance at treatment team meetings with nursing and psychiatric aide staff.                  Measure: Conduct a baseline snapshot sample of 20% of open records to identify the percentage of nursing/psychiatric aide staff who attended the most recent treatment planning review.                  Completion date: Survey conducted by 3/08; Units to develop plan to improve rate by 20% by 6/08, with a twice yearly survey conducted by 9/08 and ongoing</p>
<p><b>Goal 3.</b> Revise and enhance the process of treatment planning to emphasize recovery- focused assessments, priorities, goals and plans, including updates.</p>	<p><b>Strategy 3.1</b> As in Section II Workforce Development Goal 3, Section 3.2, revise the treatment planning process and forms to assure that the process is consumer driven, strength-based, truly collaborative, recovery focused and includes outreach to others who care about the consumer. A record review will measure staff understanding of the process. This will include a revision of forms and prompts used by staff.                  Measure: number of staff who attend training and results of chart review                  Completion date: revision of treatment planning forms and initial training of clinical and nursing staff by 6/08; completion of open chart review of 20% of active records by 9/08 with follow-up actions identified as needed</p> <p><b>Strategy 3.2</b> Provide and assure opportunities to include the consumer’s own words in the health record, particularly in assessments, treatment plans and notes about progress.                  Measure: Review of medical record/treatment planning forms                  Completion date: 6/08 with review of medical record by 9/08 with follow-up actions identified as needed</p>
<p><b>Goal 4.</b> Revise and enhance the process of treatment planning to emphasize the participation of supportive persons.</p>	<p><b>Strategy 4.1</b> Assure enhanced outreach by contacting others who are supportive of the individual’s recovery process. These persons can include Community Services Board staff, family members, others who care for the person, and trained Peer Support staff.                  Measure: Conduct a baseline snapshot sample of 20% of open records to identify the percentage of supportive others who are contacted to attend the most recent treatment planning review.                  Completion date: Survey conducted by 3/08; Units to develop plan to improve rate by 20% by 6/08, with a twice yearly survey conducted by 9/08 and ongoing</p>

<p><b>Goal 4.</b> Revise and enhance the process of treatment planning to emphasize the participation of supportive persons. - Continued</p>	<p><b>Strategy 4.2</b> Continue SWVMHI Family and Friends Day, inviting CSB staff and consumers, family, and friends of persons hospitalized at SWVMHI.                  Measure: 2007 will serve as the baseline year to measure the percentage of individuals who had a supportive person attend the event.                  Completion date: Fifteenth annual Friends and Family Day to be held 9/18/07. Continue annually.</p> <p><b>Strategy 4.3</b> Continue to provide support to Peers employed by two CSBs who visit SWVMHI inpatient consumers and to promote this practice with all CSBs.                  Measure: As a baseline measure, currently there are two Peers who visit SWVMHI on a monthly basis. We will support this program and encourage other CSBs to also provide this service.                  Completion date: continue at baseline monthly rate on an ongoing basis</p>
<p><b>Goal 5.</b> Revise and enhance recovery and treatment offerings based on consumer feedback.</p>	<p><b>Strategy 5.1</b> Expand the use of the Rehabilitation Department’s consumer survey regarding treatment and recovery groups to all treatment and recovery groups on a quarterly basis.                  Measure: SWVMHI Rehab Dept’s survey                  Completion date: Baseline measures to be completed by 1/08 with follow-up actions implemented as needed</p> <p><b>Strategy 5.2</b> Develop a catalog of all treatment and recovery options to assure coordination among different disciplines, teams and units.                  Measure: Completed catalog and updated quarterly                  Completion date 12/07</p> <p><b>Strategy 5.3</b> Enhance treatment for persons with co-occurring mental health and substance abuse issues.                  Measure: number of co-occurring groups held                  Completion date: baseline by 1/08 with a reassessment in 6 months by 7/08</p>

<p><b>Goal 5.</b> Revise and enhance recovery and treatment offerings based on consumer feedback - Continued</p>	<p><b>Strategy 5.4</b> Expand evening and weekend offering by ensuring the Central Rehabilitative and Nursing staff collaborate on staffing and coverage issues.                  Measure: Current baseline is zero nursing staff who assist with evening and weekend coverage. Evidence of collaboration between departments would initially be shown by four hours of coverage per week provided by nursing staff.                  Completion date: 12/07</p> <p><b>Strategy 5.5</b> Explore the provision of additional clinical coverage on weekends by psychology and social work staff on a rotating basis.                  Measure: Decision made about weekend work for existing staff                  Completion date: 1/08</p>
<p><b>IV. Design of the Clinical Record</b></p>	
<p><b>Goal 1.</b> The importance of consumer input at the initial assessment and treatment will be emphasized</p>	<p><b>Strategy 1.1</b> As in Section II Workforce Development, Goal 3, Strategy 3.1, the initial Nursing Assessment form (completed within eight hours of admission) will be revised to include prompts to include the consumer’s own goals and strengths.                  Measure: number of staff who attend training and results of chart review                  Completion date: revision of assessment and initial training/instruction of nursing staff by 10/07; completion of open chart review of 20% of open records by 2/08 with follow-up actions identified as needed</p>
<p><b>Goal 2.</b> Revise and enhance the process of treatment planning to include and emphasize consumer involvement in setting treatment goals and plans.</p>	<p><b>Strategy 2.1</b> As in Section II Workforce Development, Goal 3, Strategy 3.2, continue the current treatment planning workgroup led by Change Agents which will ensure that the forms used prompt the prioritization of the consumer’s treatment goals and is truly collaborative.                  Measure: number of staff who attend training and results of chart review                  Completion date: revision of treatment planning forms and initial training of clinical and nursing staff by 6/08; completion of open chart review of 20% of active records by 9/08 with follow-up actions identified as needed</p>

<p><b>Goal 3.</b> Revise and enhance the process of treatment planning to emphasize recovery- focused assessments, priorities, goals and plans, including updates.</p>	<p><b>Strategy 3.1.</b> Assure that forms and prompts emphasize opportunities to include the consumer’s own words in the health record, particularly in assessments, treatment plans and notes about progress.                  Measure: number of staff who attend training and results of chart review                  Completion date: revision of treatment planning forms and initial training of clinical and nursing staff by 6/08; completion of open chart review of 20% of active records by 9/08 with follow-up actions identified as needed</p>
<p><b>V. Resident Activities and Opportunities</b></p>	
<p><b>Goal 1.</b> Enhance treatment and recovery activities.</p>	<p><b>Strategy 1.1</b> Continue the current efforts to change the energy and time used for Smoke breaks to focus instead on wholistic wellness activities. This includes the creation of an additional services track that includes learning new skills and physical activity as well as Recovery oriented components (such as a digital photography course which involves taking nature photographs in the community).                  Measure: SWVMHI Rehab Dept’s survey                  Completion date: Baseline measures to be completed by 1/08 with follow-up actions implemented as needed</p> <p><b>Strategy 1.2</b> Construction of a fitness trail with exercise stations.                  Measure: completion of physical trail                  Completion date: 6/08</p> <p><b>Strategy 1.3</b> Purchase of fitness equipment to be utilized as part of the Recovery oriented wellness initiative.                  Measure: completion of purchase and set-up                  Completion date: 6/08</p> <p><b>Strategy 1.4</b> Completion of a computer training lab accessible to consumers with access to internet and developing appropriate policies/procedures for use. This will facilitate learning new skills and provide the opportunity for communication and networking activities                  Measure: completion of set-up of lab                  Completion date: 6/08</p>

<p><b>V. Resident Activities and Opportunities</b></p>	
<p><b>Goal 2.</b> Expand and enhance the SWVMHI Consumer Empowerment and Recovery Council (CERC) and other opportunities for individuals to become involved in Recovery enhancing activities.</p>	<p><b>Strategy 2.1</b> Expand CERC involvement to include individuals on the Acute Admissions Unit and continue to integrate CERC members into facility workgroups and taskforces.                      Measure: Baseline number of individuals on the Admissions Unit who participate in CERC meeting                      Completion date: Assess baseline by 1/08 and set goal to meet or exceed baseline each month..</p> <p><b>Strategy 2.2</b> Continue to hold meetings between the CERC Officer and EMC members to address consumer ideas, issues and concerns.                      Measure: As identified in meeting notes, number of meetings held, listing of issues discussed and resolved                      Completion date: report by 2/08 and 8/08</p> <p><b>Strategy 2.3</b> Continue to expand offsite training and networking opportunities for consumers through continued involvement with the Regional CERC, LEAP training and Mental Health Awareness events.                      Measures: baseline number of consumers involved in Regional CERC, number who complete LEAP training and number who attend MH Awareness events.                      Completion date: annually</p> <p><b>Strategy 2.4</b> Continue to support consumer participation at conferences such as VAPSRs.                      Measures: individuals with mental illness, with support from Rehab staff to submit proposal for annual VAPSRs conference                      Completion date: annually by due date</p>
<p><b>Goal 3.</b> Increase the number of consumer who are exposed to the concept of WRAP and the number who complete WRAP Plans.</p>	<p><b>Strategy 3.1</b> Continue to recruit for additional consumers who can provide WRAP training for others as well as additional Peer Support tasks. (The position has been in recruit for some months without success.)                      Measure: Baseline measure recruitment effort through number and location of ads, other recruitment efforts, and mailings with the goal to hire a staff person for this position                      Completion date: report data 2/08</p>

<p><b>Goal 3.</b> Increase the number of consumer who are exposed to the concept of WRAP and the number who complete WRAP Plans – Continued.</p>	<p><b>Strategy 3.2</b> develop and conduct “Introduction to WRAP” meetings on Acute Admissions Unit.                  Measure: number of individuals who attend WRAP sessions                  Completion date: report data by 2/08</p>
<p><b>Goal 4.</b> Improve the supportiveness of the environment to support recovery.</p>	<p><b>Strategy 4.1</b> In addition to providing staff training and revising treatment planning forms and process, and surveying therapeutic activities and treatment teams(as above), the OIG Hospital Unit Observation Checklist will be utilized twice yearly to identify further areas for improvement and training.                  Measure: the OIG Hospital Unit Observation Checklist                  Completion date: 1/08 and 7/08 with follow-up actions as needed</p>
<p><b>VI. Relationship to the Community</b></p>	
<p><b>Goal 1.</b> Continue to support and participate on The Southwest Virginia Behavioral Health Board for Regional Planning</p>	<p><b>Strategy 1.1</b> The Board and its subcommittees is composed of consumer and family members, CSB Executives and two facility Directors. The Board works to develop regional resources and a regional “voice” in Richmond and provides ongoing support to two major projects: The Consumer Involvement Project and Family Support Services. SWVMHI will continue to support the important work of these groups.                  Measures: Report from the Consumer and Family Involvement Committee                  Completion date: annual fiscal year summary 8/08 at SW Board meeting</p>

<p><b>Goal 2.</b> Continue to support and participate on the Southwest Virginia Mental Health Creative Ideas Committee.</p>	<p><b>Strategy 2.1</b> The Mental Health Creative Ideas Committee is a region-wide group composed of mental health consumers, professionals, family members and Emory &amp; Henry College staff and students. Each year the group organizes mental health events which work to decrease stigma and to promote fun, hope and recovery. The Creative Ideas Committee held its fourth annual educational, anti-stigma and recovery celebration in April 2007. Activities have included television appearances and print media coverage, a play, “telling our stories,” and art by consumers, all involving Emory &amp; Henry College students. The highlight each year is our Community Walk for Recovery on the campus of Emory &amp; Henry College.                  Measure: Annually approximately 300 persons participate in events – expect this number to continue to be at least 300 individuals                  Completion date: summarize event annually by June of each year</p>
<p><b>Goal 3.</b> SWVMHI staff and consumers will continue to participate in the Crisis Intervention Team training program for New River Valley and Mt. Rogers areas.</p>	<p><b>Strategy 3.1</b> Crisis Intervention Team training is designed to increase the awareness and understanding to better enable the law enforcement officers to manage crisis situations involving individuals experiencing abuse symptoms of mental illness. Through their didactic training and meetings with mental health consumers, including with patients at SWVMHI, the officers gain an overall knowledge of what mental illnesses are and their effects on individuals that lead them to become involved with the law enforcement community. SWVMHI will continue to serve as a training site and SWVMHI staff will continue to serve as trainers.                  Measures: baseline has been 4 groups of training per year with 10 officers in each training.                  Completion date: report annually each December beginning 12/07</p>
<p><b>Goal 4.</b> SWVMHI Geriatric Unit Program Director and others will continue to plan for the future of geriatric Services in the region through the SWVBH Board chartered Geriatric Workgroup.</p>	<p><b>Strategy 4.1</b> The Geriatric Workgroup has the goal to enhance services for individuals of Geriatric age in the region. They have begun by educating themselves and reaching out to universities and other resources. The first training effort is a geriatric workshop for community providers on September 19, 2007.                  Measure: baseline will be the number of persons who attend the first training event and response to training as measured through training evaluations                  Completion date: Training held 9/07, report 10/07 of number of participants; the committee will be ongoing</p>

<b>VII. Other</b>					