

NVMHI Recovery Plan
2013

I. Senior Leadership Role – Maintain an infrastructure which supports recovery

- Policies are reviewed and revised to be consistent with person-centered and recovery principles
- Risk Management plans and policies and decision-making practices take into account dignity of risk, value of risk and recovery and balance of risk and recovery
- Create and maintain partnerships with stakeholders to facilitate seamless support for individuals at NVMHI utilizing regional funds to increase development of recovery based treatment opportunities.
- Collect data which reflects our success in implementing recovery principles and use the data to make changes to systems and process to support recovery.
- Support facility participation in the statewide initiative – Bringing Recovery Supports to Scale (BRSS-TACs). This initiative is aimed at maintaining recovery-oriented systems of care across the entire mental health care system and includes all stakeholders, including peer support/peer run programs and both private and public community partners.

II. Workforce Development – Maintain a workforce which understands, values and supports the recovery of individuals with Mental Illnesses.

- Actively seek employees with knowledge and practices consistent with recovery principles (e.g., hiring questions)
- Engage individuals in the hiring process and provide feedback to hiring managers
 - When possible include individuals on NGRI status in the interview panel or solicit them for interview when hiring positions such as the Forensic Coordinator
 - Solicit input from individuals into interview questions that can be used for hiring new nursing staff (RNs, PTs, LPNs)
- Provide ongoing training opportunities which emphasize recovery-oriented practices (e.g., RCSC conference, Motivational Interviewing, Trauma-informed care, collaborative Problem Solving, Person-centered Planning, Peer Support)
- Collect data which reflects our success in implementing recovery principles and use the data to make changes to staff training and development in support of recovery-oriented skills and knowledge.
- Provide all new clinical employees with orientation on Treatment and Recovery Planning
- Encourage and support staff participation in BRSS-TACs initiatives such as participating as Recovery Champions, participation in the Recovery Forums and other such activities.

III. Individual Activities and Opportunities – Create and support opportunities for recovery

- NVMHI provides treatment that supports individuals' recovery that is evidenced based, best practice that is known to support individuals' recovery
- Continued peer leadership roles both within the facility and in the community.
- Afford individuals the opportunity to be involved in the planning of NVMHI active treatment activities.
- Encourage continued career development of individuals while hospitalized (e.g., Laurie Mitchell, Horticulture, Bakery, etc.).
- Obtain resources for continued peer support development (e.g. grants)

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- Facilitate access and participation in local and national conferences and workshops (e.g., RCSC, VOCAL, WRAP training, Alternatives)
- Maintain a peer-clinician support group that meets every 8 weeks or as needed
- Develop a partnership with Woodburn Community Mental Health Center to provide volunteer opportunities for individuals.

IV. Treatment and Recovery Planning and - Establish and maintain recovery-oriented treatment and recovery planning and documentation processes

- Update/revise treatment and recovery plan forms and processes as needed to better support a recovery-oriented planning experience for individuals
- Treatment and recovery forms and current processes are based on person-centered planning principles (e.g. Janice Tandara)

V. Design of the Medical Record – Maintain recovery principles in all aspects of documentation

- NVMHI forms are updated to ensure that person-first, recovery-oriented language is used.
- Provide ongoing staff training, education and supervisory feedback on using person-first, recovery-oriented language in documentation in the medical record.

VI. Relationship to the Community – Provide updated information on recovery principles to the community to support their readiness to support individuals' ongoing recovery.

- Ensure that NVMHI maintains active involvement with community partners to bridge communication to the community through active participation in local and regional forums such as TDO taskforce, Regional Management Group, Emergency Services, Aftercare Workers, Regional Utilization Group, NGRI Clinical Forum, RCSC, NVMHI Advisory Council and the Electronic Health Record – treatment planning workgroup
- Share NVMHI's expertise and successes with peer-run groups and other peer support services with our community partners (ADC, CSBs, Drop-in centers, etc.)
- Continue "In Our Own Voice" as well as VOCAL and other consumer advocacy organizations presentations to increase awareness of local, regional, and statewide peer resources.
- Provide opportunities for individuals and the Peer Bridger to be involved in the development of community-based recovery services and employment opportunities.

VII. Other Areas as Determined Relevant to enhancing the recovery experience of those who are served by NVMHI

- Create and maintain a physical environment that fosters recovery (e.g., calming rooms, murals, individual artwork, posters)
- Maintain the Multi-family Support Group to fortify the support systems of individuals receiving services.