

**SECTION – MEDICAL/NURSING SERVICES
ADMINISTRATIVE DIRECTIVE NO. 516
(Replaces AD 516 dated 4/13/06)**

Effective Date: January 18, 2007

SUBJECT: WELLNESS AND RECOVERY TEAM

I. PURPOSE

The purpose of this Administrative Directive is to define the organization, functions and responsibilities of the Wellness and Recovery Team.

II. AUTHORITY

Authority is obtained from the California Administrative Code, Title 22, Division 5; Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and the Hospital Executive Director.

III. POLICY

Each treatment unit has an assigned staff that includes members of the various clinical professions. These clinicians are organized into one or more Wellness and Recovery Teams.

The responsibility for the organization and function of the Wellness and Recovery Team is shared by the Medical Staff, Clinical Disciplines, and Program Management.

- A. The quality and appropriateness of performance by individual members of the Team is monitored by Program Management through the established supervision structures in association with the Peer Review functions of the Medical Staff and the Professional Services; Criteria Based Performance Standards developed for non-privileged staff; and other site specific competencies.
- B. Each Senior Psychologist in collaboration with the Program Director has responsibility for the effective functioning of the Teams. The Program Director provides and manages the resources by which each Team functions.
- C. In consultation with the Wellness and Recovery Team, the Program Director implements the structure by which the Team will accomplish its assigned tasks.

IV. METHOD

Definitions:

A. Wellness and Recovery Team:

A group of persons with various professional backgrounds or clinical disciplines who have been assigned responsibility for the development and continued appropriateness of each Individual's wellness and recovery plan. The team includes the Individual served. An Individuals' family members and from the Conditional Release Program (CONREP) staff who will be responsible for outpatient services may be included as active participants with the Team and may be of assistance in assessment, planning, service delivery, and post-hospital care. At the time an Individual is admitted, his family shall be notified that it may meet with the team, provided the individual gives consent for notification.

B. Wellness and Recovery Planning (WRP) Team Conference:

The WRP Team Conference is a meeting of the Individual and the professional staff at which the wellness and recovery plan is developed, modified, reviewed or changed. On licensed units, a Registered Nurse needs to participate in the WRP meeting. The WRP is a meeting in which the team evaluates the plan and progress toward attaining identified goals and objectives. It is a meeting where Team members share their perspectives and discuss their assessment data in developing the wellness and recovery plan. It is a forum for documenting the development, review, evaluation, and coordination of efforts of the Individual and the other team members.

C. Mini WRP Team Conference (Mini Team):

The concept of a "mini" WRP Team Conference provides for spontaneous decision making and updating of plans between the regularly scheduled planning conferences. Examples of times when a mini-team could take place are when an objective has been met or adding emergency interventions not included in the Wellness and Recovery Plan. On CSF Units, Mini Team conferences can be held as long as there is, at minimum, a psychologist and social worker present; on Residential Housing Units (RHUs) a minimum composition is a psychologist and Behavioral Specialist II; on medical units a nurse or physician and a psychologist must be present. Patients admitted to a medical unit for psychiatric reasons or an Individual with existing mental health problems requiring a psychiatrist must have a psychiatrist and psychologist on the Mini Team. In all cases, attempts should be made to have as many team members present as possible. Material changes in treatment plans should only occur when a regular WRP Team Conference is held.

V. FUNCTIONS

- A. The Wellness and Recovery Team is expected to make a clinical formulation, incorporate the perspective of its members, be actively involved in delivering services and provide the required documentation. The Wellness and Recovery Team will adapt these expectations to the individual skills and experiences of each professional. The Wellness and Recovery Team:
1. Convenes promptly at the scheduled time for team conferences and the members are prepared at the beginning of each meeting to conduct the necessary business.
 2. Has the shared task of the evaluation, planning and review of active treatment interventions, and implementation of interventions relevant to the goals and objectives for change.
 3. Functions in such ways as to promote therapeutic attitudes, recovery-oriented services, positive relationships, professional collegiality, staff development, and appropriate critique.
 4. Reviews the quality and appropriateness of the unit environment, milieu, and activities.
 5. Provides for the effective management of behavior, including use of special behavior programs, the approval of access levels, and off-unit referrals.
 6. Produces documentation as specified by the Hospital's documentation system, as required by good clinical practice, as necessary to meet the needs and requirements of Forensic agencies and processes, and as required in order to meet standards of hospital licensure and accreditation.
 7. Demonstrates through its documentation that the focus, plans, and goals are based on recovery principles, individual choices, and current assessment data are related to the anticipated discharge setting.
 8. Continuously monitors actual implementation of plans and necessary documentation. It does so by apportioning this task amongst team members.
 9. Meets with the Individual's family, at the family's request, with concurrent permission of the Individual, to discuss family concerns. These meetings may occur during regularly scheduled team reviews or special meetings may be arranged, at the discretion of program staff. The Individual's medical record will reflect documentation of such requests and necessary consents, as well as a summary of the discussion.

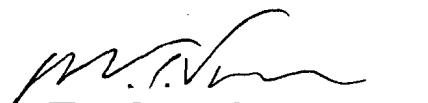
- B. The physician and psychologist members of the WRP Team has specific responsibilities to establish the diagnosis, ensure that an appropriate clinical formulation is made in each case, participate in the development of plans, review and sign the completed plan. Thus indicating approval of the plan and establishing the necessary legal authority.
- C. As an extension of the Wellness and Recovery Team, each Individual has a designated member of the nursing staff assigned as "sponsor" during the AM shift and during the PM shift.

VI. DOCUMENTATION

- A. Interdisciplinary and Mini Team Conference Reports are prepared on DMH Form MH5728 (Assessments/Conferences/Evaluations/Reports).
- B. WaRMSS forms and software shall be utilized to prepare all Master, Transfer, and 30 day Wellness and Recovery Team Conference Reports. Draft conference reports prepared by the Team shall be entered into the Individual's record within 24 hours of the conference.
- C. All final conference reports shall be prepared by Health Information Management Department (HIMD) and forwarded to the appropriate Program Director for review. Program Directors are accountable for ensuring that Wellness and Recovery Team Conference reports are complete prior to being forwarded to the unit for entry in the Individual's chart. Upon the unit's receipt of the final conference report, the draft conference report shall be removed from the chart and destroyed in accordance with hospital policy.
- D. A final Wellness and Recovery Plan, signed by the team members and the Individual, shall be filed in the Individual's medical record within 30 days of the date of the WRP Conference. The Program Director is responsible to ensure this timeline is met.
- E. Initial and Mini Team Conference Reports shall be entered into the Individual's record within 24 hours of the conference. These reports may be handwritten or typed.

VII. TRAINING

The hospital provides initial and continuing training in Wellness and Recovery Team structure and function, and appropriate documentation.



W. T. VOSS
Executive Director

Cross Reference(s):

A.D. No. 446 Wellness and Recovery Planning

A.D. No. 524 Intra-hospital Transfer of Individuals

Mental Health Documentation System (MHDS) Manual