



Psychosocial Rehabilitation Services Scope of Work

Name of Program/Services

Transition of Psychosocial Rehabilitation Services (PSR) to use of recovery-oriented and evidence-based models of care.

Description of Services

Alliance providers of Psychosocial Rehabilitation (PSR) services shall transition programs to align with recovery-oriented, evidence-based models of care associated with either the Psychiatric Rehabilitation (Boston University) or Clubhouse Model approaches to PSR. These Evidence Based Practices (EBP) have been researched and selected by Alliance Health (ABH) in conjunction with participants of the Alliance PSR Collaborative over the past fiscal year. With the exception of providers already certified by Clubhouse International, all PSR programs shall develop plans for transition to either a psychiatric rehabilitation or Clubhouse model, provide updates to Alliance, participate in provider collaborative and training events scheduled by Alliance Health, and comply with requirements described below.

To support transition to recovery-oriented EBP approaches, Alliance requires that site supervisors for each PSR location become credentialed by the Psychiatric Rehabilitation Association as Certified Psychiatric Rehabilitation Practitioners by June 30, 2019. Each PSR program shall participate in training activities needed to prepare program supervisors for the certification exam and will provide status reports on progress as requested.

Required Elements of the Program/Service

All PSR programs will develop and implement plans for transition to evidence-based practices that include the elements listed below. Each program is required to be an active participant in the Alliance PSR Collaborative, which will assist in transition to evidence-based and recovery-oriented models of psychiatric rehabilitation.

Follow the service definition as laid out in the Clinical Coverage Policy 8A

Components of an Evidence Based PSR program include the following:

I. Philosophy

The philosophy of psychiatric rehabilitation is grounded in the principles of recovery. That is, that all people, regardless of their psychiatric diagnoses, clinical symptoms and history, can have a meaningful and purposeful life with the right information, education, support, skills and resources that **align** with **their** chosen life roles. Effective PSR's operational recovery throughout their organizational culture, procedures and policies, environment, practices, and operations. Indicators of recovery-oriented organizations can be found in NC



ROSC White Paper and 3C's of Organizational Recovery as outlined in 3 C's for Recovery Services and Organizational Readiness checklist (Farkas, Ashcraft, Anthony, 2008). Recovery-oriented organizations utilize standardized, valid and reliable recovery-based organizational culture assessments. Examples include: AACP Recovery Oriented Service Evaluation (AACP-ROSE), Recovery Enhancing Environment Measures (REE), Recovery Oriented Systems Indicators Measure (ROSI) and Recovery Self-Assessment, all of which are highlighted in HSRI's Measuring the Promise: A Compendium of Recovery Measures, Volume II (<https://www.power2u.org/downloads/pn-55.pdf>).

PSR is also founded upon over 30 years of research that indicates that the following is needed for people to acquire skills, recover and/or make positive changes in his/her life:

- A positive relationship(s) between people receiving and providing services;
- Setting his/her own goals;
- Skills are taught, practiced and learned;
- Support that feels supportive is provided;
- Positive expectations and hope for the future is everywhere;
- Belief in the person's own abilities from themselves as well as their family, friends, and service providers

II. Referral/Access

The referral and access process to PSR should be designed for ease of the person served. The person should be involved through Shared Decision Making that PSR is a resource that they are interested in exploring. This includes a tour of the program, a discussion about what PSR is and is not, and what the person wants/needs and can expect from the program.

III. Engagement/Orientation

The way PSR services are introduced and people are engaged and oriented to the program are a vital component to success. All materials provided to each potential PSR member must be written in language that is understandable to the person. This includes making it easy to understand, the use of pictures and/or the person's native language. Frequently, this information is provided using first person references such as: Is PSR right for me? What can I expect from a PSR? What is my role in the PSR? Etc.

Each qualified person can select whether or not to participate in a PSR, request a different service or resource, or select a different PSR if available. Orientation to the PSR should occur prior to that person's "admission" to the program to ensure that s/he is making an informed choice. An orientation/engagement process should be in place for each PSR and utilized for people new to the PSR program. Among the orientation process should include meeting current members, PSR employees and volunteers, touring the program, understanding the



PSR structure, groups, activities and schedules, understanding the responsibilities and limitations of the PSR as well as his/her rights and responsibilities, understanding the grievance process, etc.

The relationship between the practitioner and member are vital in a PSR. It should be characterized by respect, shared decision making, partnership and empathy. Tools are available to train and assess the practitioner's engagement skills. Among them include the Recovery Promoting Relationship Scale.

IV. **Diagnosis/Assessments, Planning, Interventions (DPI)**

This process, referred to as DPI, is a structured way of supporting the individual to identify their aspirations, goals, desired valued roles, identify their unmet needs (skills, resources, supports), develop a plan consistent with these, identifying the intervention and re-assessing based on progress, additional goals and needs.

V. **Program**

Oversight/planning and evaluation: people receiving PSR services are full partners in the oversight, planning and evaluation of the PSR program. This is inclusive of calendars, classes/groups, activities, services and resources offered.

PSR can be offered in groups and individually. Groups should consist of no more than five people when in the community. Each person should have a PSR counselor that works directly with him/her to develop their recovery plan, goals, schedule, and to work on individual skill development around self-advocacy, wellness-self management, health and wellness, employment, life skills that are consistent with the person's desired/valued role. PSR's focus on 8 Dimensions of Wellness as well as the 10 multicultural principles of Psychiatric Rehabilitation (www.psychrehabassociation.org/principles-multicultural-psychiatric-rehabilitation-services)





PSR is not exclusively a site based program. It occurs off-site, in the community, at locations preferred by the individual and during traditional and non-traditional hours.

- **Membership-** voluntary and based on the person having desired
- **Relationships-** mutual, valued, respectful and equal partnerships among members and people working at the PSR are vital
- **Space-** space must be culturally sensitive, trauma informed, comfortable, welcoming, stimulating, attractive and dignified

Models and Evidence-Based Practices

Various evidence based practices can be utilized within a PSR setting. The selected practices must be consistent, however, with the needs of the members and should:

- Identify the principles and elements of the model(s) used
- Demonstrate training and competency in using the model
- Have a description of the model that describes how the program is consistent with the model/practices used
- Demonstrate the congruency between the selected model and the people served

Examples of EBP to use within PSR include:

- Wellness Recovery Action Planning (WRAP)
- Wellness Management and Recovery (WMR/IMR)
- Peer Support
- Clubhouse
- Choose-Get-Keep
- Individualized Placement and Support (IPS)
- CommonGround
- Wellness Coaching
- Cognitive Enhancement Therapy (CET)
- Motivational Interviewing (MI)
- Social Skills Training
- Integrated Dual Disorders Treatment for co-occurring MI/SUD (IDDT)

Regardless of the models/practices used, all PSR's are operated through a recovery framework and utilize various approaches to recovery to offer support. For example, abstinence based sobriety as well as harm reduction are both utilized for people in various stages of substance use recovery.

VI. Determining Effectiveness

Many forms of documents are available to PSR's. Collaborative documentation is used in PSR's that captures the person's input and perspective on their services, progress, needs, goals, etc. These documents are reviewed and discussed with each person individually.



Several outcome measures can be used for PSR. Examples of data that can be gathered include:

1. Increased community tenure
2. Increased social connectedness
3. Reduced psychiatric hospitalization
4. Reduced involvement in criminal justice
5. Decreased use of substances
6. Satisfaction of the person served with the service and their own quality of life
7. Increased active participation in treatment and planning
8. Improved self esteem
9. Employment
10. Education
11. Stability of home
12. Skill acquisition

Additionally, effectiveness is based on fidelity reviews, assessments from the people served regarding their recovery progress and helpfulness of the organization, and standardized, valid and reliable recovery assessments. There is also a progress measure available as an interview tool.

VII. Fidelity

When available, EBP fidelity scales must be used. Independent fidelity reviews as a part of quality improvement/assurance and/or contracting is preferred.

VIII. Staff qualifications/trainings

In addition to licensure requirements by the state/MCO, PSR program supervisors shall be credentialed through the Psychiatric Rehabilitation Association as Certified Psychiatric Rehabilitation Practitioners (CPRPs) and have expertise related to the seven domain practices of CPRP credentials:

1. Interpersonal competencies
2. Professional role competencies
3. Community integration
4. Strategies for facilitating recovery
5. Assessment, Planning and outcomes
6. Systems competencies
7. Supporting Health and Wellness

Peer staff are also utilized and staff reflect the cultural diversity of the community and people served



IX. Supervision

PSR supervision must be conducted by a CPRP or an individual who is in the process of preparing for CPRP certification. The supervisor must be experienced in psychiatric rehabilitation and can assure that the approaches, philosophy, interventions, planning, relationships, etc., are consistent with recovery principles, psychiatric rehabilitation practice and the person's own desires and needs. Supervision must occur face to face and monthly and focus on development of practitioner skills as well as a review of people being served and mentoring regarding engagement, interventions, etc. Individual Supervision Plans must be developed with each employee and documentation about each supervision must occur. Opportunities for on-going professional development within the scope of psychiatric rehabilitation, recovery, cultural competency, trauma informed practice and evidence based practices employed should occur.

Reporting/ Quality Management Requirements

- Provider will participate in review and development of additional measures and monitoring processes that may be implemented at a later date. Additional outcome measures, monitoring and fidelity review tools and supporting processes will be developed through the PSR Collaborative.
- Provider will be required to submit regular reports to Alliance regarding transition of each PSR program to recovery-oriented, evidence-based models. Reporting timeframes and content will be developed and communicated through the PSR Collaborative.

Collaboration

- Provider shall work with Alliance, Community Service Providers, primary healthcare providers, and other stakeholders as appropriate to coordinate treatment and supports with the program participant.
- Provider is expected to adhere to person-centered, strength-based and recovery-focused values and principles.
- Provider will complete referral process for individuals requiring a different level of care by directly contacting the most appropriate provider/s and ensuring an appropriate and timely transfer is completed.
- Provider shall participate in ongoing communication with and Alliance Health to identify and resolve barriers and issues, and report trends and outcomes.