GENERAL PROVISIONS

PURPOSE

The purpose of Psychosocial Rehabilitation policies and procedure manual is to establish a uniform process and guidelines for the delivery and documentation of psychosocial rehabilitation service to consumers receiving services within District 19.

AUTHORITY

Department of Medical Assistance Services
Department of Behavioral Health and Developmental Services
Virginia Department of Health

DISCUSSION

Psychosocial Rehabilitation programs are committed to providing quality psychosocial rehabilitative services in order to optimize one’s level of functioning. Our main goal encompasses monitoring symptoms and stabilizing functioning which will ultimately enhance the quality of life for those with serious mental illness.
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MISSION STATEMENT
PSYCHOSOCIAL REHABILITATION

The philosophy of psychosocial rehabilitation is that an array of supportive services shall be available in the community for individuals who experience serious mental disabilities and co-occurring disorders. These services and supports shall be individualized, recovery orientated and culturally sensitive. The purpose of such services is to meet the needs, preferences and choices of consumers and their families. The goal of these programs is to provide skill building training, community integration and activities that will assist consumers with making recovery a successful process.

LOCATIONS:

SPRING CENTER PSYCHOSOCIAL REHABILITATION PROGRAM
Phone: (804) 862-8040
Fax: (804) 862-8089

Spring Center, located in the City of Petersburg, is a psychosocial program for consumers who receive treatment for serious mental illness and physical impairment. Individually planned interventions (i.e., training or supports) are developed to assist consumers with obtaining an optimal level of functioning. Spring Center operates from 7:30 am to 2:30 pm and on most holidays with the exceptions of Fourth of July, Thanksgiving Day, and Christmas Day.

ATLANTIC HOUSE PSYCHOSOCIAL REHABILITATION PROGRAM
Phone: (434) 348-8900
Fax: (434) 336-1027

Atlantic House is located in Emporia for consumers who have serious mental illnesses or co-occurring disorders. Atlantic House provides services to consumers who reside in the Emporia/Greensville area, as well as surrounding localities. Consumers participate in psychoeducation groups, community integration, and pre-vocational activities. Atlantic House operates from 8:00 am to 3:00 pm Monday thru Friday, closing for all major holidays.
Section I: Psychosocial Rehabilitation Program:

Definition:

Psychosocial Rehabilitation is a program of two or more consecutive hours per day provided to groups of individuals in a community, non-residential setting who requires a reduction of impairments due to a serious mental illness and restoration to the best possible functional level in order to maintain community tenure. This service provides a consistent structured environment for conducting targeted exercises and coaching to restore and individual’s ability to manage their serious mental illness. This service provides education to teach the individual about mental illness, substance use, and appropriate medication to avoid complication and relapse. Psychosocial Rehabilitation also provides opportunities to learn and use independent living skills and to enhance social and interpersonal skills with a consistent program structure and environment. Recovery-oriented services are designed as an integral part of a continuum of care to ensure that consumers remain stable in the community.

Enrollment is based upon meeting eligibility criteria and a consumer's need for a structured environment. Consumers are those individuals who would benefit from a group modality. Referrals for admission are accepted from any of the offices of the District 19 Services Board and through Same Day Access services offered at District 19 CSB.

Members and staff work together daily (Mon.-Fri) to operate the psychosocial rehabilitation programs. Nutritional meal are offered daily i.e. breakfast, lunch and snack. Meals are sponsored by District 19 Community Services Board or Southside Regional Jail in Emporia, VA.

Members have the opportunity to become involved in the following PSR units. These units are designed to promote skill training:

Psychoeducation Groups offered, but not limited to:

2. Arts/Crafts Activities.
3. Co-dependency and Substance Abuse Education.
4. Healthy Living and wellness.
7. Money Management.
8. Coping skills and Anger Management.
Community Resource Development/Integration:

A series of planned recreational/service-oriented activities are designed to promote empowerment, recovery and competency. Such activities include but are not limited to:

1. Bowling at local bowling alley.
2. Visits to local parks and recreation, libraries, movie theaters and museums.
3. Shopping at local malls.
4. Peer social interaction or support.
5. Attendance at special community activities.

Section II: Service Criteria, Screening, and Admission

PSR Service Criteria:
Individuals qualifying for this service must demonstrate a clinical necessity for the service arising from a mental, behavioral, or emotional illness that results in significant functional impairment in major life activities. Consumer must be at least 18 years of age and have an open case with District 19 MHCM or enter through Same Day Access. Consumer must be screened for tuberculosis.

Per the Department of Medical Assistance (DMAS) Community Mental Health Rehabilitative Services (CMHRS) Manual Ch. IV, individuals must meet both Criteria A and B to qualify:

A. Individuals must meet two of the following criterion on a continuing or intermittent basis:

1. Consumer exhibits difficulty in establishing or maintaining normal interpersonal relationships to a degree that he/she is at risk of psychiatric hospitalization, homelessness, or isolation from social supports.
2. Consumer exhibits difficulty in activities of daily living, such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized;
3. Consumer exhibits inappropriate behavior so that repeated interventions by mental health, social services, or judicial system are or have been necessary
4. Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or significantly inappropriate social behavior. “Cognitive” is defined as the individual’s ability to process information, problem-solve and consider alternatives, it does not refer to an individual with an intellectual or other developmental disability.

B. The individual must meet one of the following criteria:

1. Have experienced long-term or repeated psychiatric hospitalizations
2. Experience difficulty in activities of daily living and interpersonal skills
3. Have a limited or non-existent support system
4. Be unable to function in the community without intensive intervention
5. Require long-term services to be maintained in the community

Screening

A screening shall be conducted by the PSR Program Coordinator or designated qualified mental health professional (QMHP-A) to determine if the consumer meets the eligibility requirements following receipt of the PSR referral (Addendum A). If the individual is determined to be in need of services, a comprehensive assessment specific to PSR shall be scheduled with a licensed mental health professional (LCSW, LPC).

Assessment Process

Consumer will receive a comprehensive assessment specific to Psychosocial Rehabilitation prior to enrollment (Addendum B). An assessment is the process used to identify an individual’s physical, medical, behavioral and social strengths, preferences, and needs.

All referrals that meet eligibility criteria are referred for program enrollment if the consumer expresses an interest in participation.

1. A face-to-face comprehensive assessment must be conducted and certified by a Licensed Mental Health Professional (LPC, LCSW) prior to program enrollment.
2. Disposition of the comprehensive assessment is reported to the referring party within 3 work days following the face-to-face interview.

Frequency of Assessments:

Comprehensive PSR assessment will be completed prior to enrollment, annually thereafter, as well as when there is a need based on medical, psychiatric or behavioral status of the individual. A semi-annual assessment (Addendum C) will also be completed to ensure treatment is addressing their physical, medical, behavioral and social strengths, preferences, and needs.

Exclusion Criteria

This criteria is based on a comprehensive assessment of an individual which will determine whether or not he or she has any psychiatric/behavioral issues, that otherwise requires a level of care that may be unavailable in the program. If it is determined that a consumer’s needs cannot be met by a particular program, the Program Coordinator must approve the decision not to serve the individual. More appropriate placement(s) shall be sought, wherever possible.

A. Denial of Services/Referral
1. Program staff will contact referring party to discuss reasons for denial and offer any treatment recommendation.
2. A copy of the referral with reason for denial will be forwarded to the referring party within 3 working days.
Section III: Enrollment, QMHP-A Functions and Documentation

Enrollment Process

The process of acceptance into a service includes orientation to service goals, rules and requirements, and assignment to program staff (QMHP)

1. Completed by QMHP-A (usually on first day of attendance).
2. Consumer provided thorough overview of program activities including services, daily structure and program rules.
3. All paperwork for establishing clinical records are reviewed and signed by consumer to include but not limited to:
   a. Consent to disclose confidential information
   b. Program orientation Checklist for Consumers
   c. Consent for services confirmation
   d. Consumer Human rights/ Understanding of Confidentiality
   e. Release of Transportation Liability
   f. Consumer Responsibility
   g. Notice of Privacy
   h. Fall Risk Assessment

QMHP-A Functions:

The continuum of primary services begins with the screening and assessment. The consumer is enrolled and assigned a QMHP for coordination of services. Individual Service Plans (ISPs) must be completed within 30 days of the initiation of service and address problems/needs/stressors, intervention strategies, and frequency of contact. Updates and addendums to treatment plans reflect goals accomplished as well as new problems which may be identified. The consumer and Psychosocial Rehabilitation providers are mutually involved in the ongoing process of recovery, empowerment and competency.

The ISP must include the following:

1. The consumer’s name and case identification number,
2. The consumer’s treatment and training needs,
3. Goals and measurable objectives to meet the consumer’s identified needs,
4. Services to be provided with recommended frequency to accomplish the measurable goals and objectives,
5. The person who is responsible for the service intervention.

All ISPs shall be updated as necessary, as the needs of the individual change and at least annually.

The QMHP-A and consumer shall review the ISP every 90 days and complete the
Quarterly Progress Review (QPR) Form. The QPR is an evaluation of the consumer’s progress towards the identified treatment goals.

**Documentation**

All Psychosocial Rehabilitation services shall be documented in progress notes in the consumer’s electronic record. Progress notes should convey consumer’s status, staff interventions, and consumer’s progress towards the goals and objectives stated in the ISP.

Psychosocial Rehabilitation is milieu-based, therefore:

- Services must be documented in the individual’s record as having been provided consistent with the ISP. Daily documentation that describe the activities chosen by the members, such as logs and sign-in sheets, will be necessary to ensure that the documentation correlates with the units billed for each day of service, to convey a summary of the daily activities and group activities, the impressions of each member in the activity, and support the overall time billed for the day of programming.

- Progress notes shall be individualized and member-specific and shall not be duplicated. Each progress note shall demonstrate unique difference particular to the individual’s circumstances, treatment and progress. Progress notes are completed monthly and must specifically describe the activities and interventions chosen by the member and other interventions that were provide by the program. Monthly progress notes should describe how the service provider has worked to provide interactions and work with the individual toward engagement in the therapeutic milieu and attainment of individual service plan goals as offered by the psychosocial rehabilitation program.

**Section IV: Discharge**

Discharge planning for consumers is usually a process/plan that is established and reviewed at least every three months. The meeting includes the consumer and parties involved in his/her plan of care (i.e., case manager, caregiver or family member). Any planned discharge is discussed in greater detail as the consumer nears end of program participation. Additional referrals are clarified and coordinated with consumer and case manager. A written discharged goal may be added to ISP in order to monitor progress and compliance. Usually, discharge status is deemed successful or unsuccessful, as determined by a clinical assessment at the time of termination. Any referrals that may be beneficial to consumer will be forwarded to the assigned case manager. This also includes treatment recommendations.

Successful completion of treatment indicates that goals of the ISP have been substantially met. The consumer’s prognosis may be considered “good, fair, guarded or poor.”

Unsuccessful discharge often results from consumer’s lack of program participation or non-attendance (leaving the program against staff recommendations). Prior to an unsuccessful discharge, several attempts, including outreach, are made to contact the consumer in an effort to engage or reconnect him/her with the program. During the period of the quarterly review of the ISP, a consumer is encouraged to maintain compliance with goals as established in the ISP. The consumer signature is requested to indicate agreement or disagreement with the plan of care.
If during the course of treatment, an individual displays psychiatric/behavioral issues, that otherwise requires a level of care that may be unavailable in the program, the Program Coordinator will review the case individually and coordinate any changes in care with collaborative providers. If it is determined that a consumer’s needs cannot be met by a particular program, the Program Coordinator must approve the decision not to serve or discontinue serving the individual following collaboration with the Director of Adult Services. More appropriate placement(s) shall be sought, wherever possible.

Section V: Required Reporting, Confidentiality and Human Rights

Psychosocial Rehabilitation Programs (PSR) shall comply with federal and state laws as well as District 19 CSB policies and procedures related to human rights and confidentiality. All information contained in consumer’s record is protected by strict confidentiality regulations and may not be released without the consumer’s written consent. PSR may be required by law to release information under the following circumstances: subpoenas, court orders, mandated reporting of suspected adult and child abuse and situations where an emergency exists and prompt disclosure is necessary.

Suspected violations of the Human Rights Policy shall be reported to the PSR Program Coordinator who shall ensure that D19 Human Rights policies and procedures will be followed as deemed necessary.

The Regional Advocate is Sharae Henderson. Her office is located at Central State Hospital, telephone (804) 382-5516.

Section VI: Qualifications of Psychosocial Rehabilitation staff: QMHP-A’s

Department of Medical Assistance (DMAS) has identified that Psychosocial Rehabilitation services are to be performed by Qualified Mental Health Professional-Adult (QMHP-A’s); as defined in the Department of Behavioral Health and Developmental Services (DBHDS) regulation 12VAC35-105-20;

Qualified Mental Health Professional-Adult (QMHP-A) means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to adults who have a mental illness; including:

(i) a doctor of medicine or osteopathy licensed in Virginia;
(ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia;
(iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience;
(iv) a social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent
to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; (v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience; (vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; or (viii) any other licensed mental health professional.

All qualified mental health professionals-adult (QMHP-A) staff for District 19 CSB PSR programs must have knowledge of the following:

A. Services available in the community including primary health care and support services,
B. The nature of serious mental illness, substance use and or co-occurring disorders;
C. Intervention methods and treatment modalities including behavior management, independent living skills training, supportive counseling, crisis intervention, discharge planning, and service coordination;
D. Service planning process and major components of a service plan;
E. Use of medications, in the care or treatment of SMI consumers.

All qualified QMHP-A’s for District 19 CSB PSR programs must have skills in:

A. Identifying and documenting the consumer’s need for services;
B. Using information from assessments, evaluations, and interviews to develop the ISP;
C. Identifying and documenting how services and supports can be used to aid in recovery and achieve consumer’s goals;
D. Coordinating provision of services by private and public providers.

All qualified QMHP-As for District 19 CSB PSR programs must have the abilities to:

A. Work as team members, maintaining effective inter- and intra-agency working relationships;
B. Work independently under general supervision;
C. Engage in and maintain ongoing professional relationships with consumers.
Section VII: Additional PSR Policies and Procedures:

Medical Emergency:

A medical emergency is an event/incident that requires immediate medical attention (i.e., choking, seizures, chest pains, bleeding wounds, etc.).

A psychiatric emergency is an event that may require immediate attention. The consumer is to be evaluated by the Emergency Services Staff or a Certified Pre-Screener from Crisis Services.

Staff Role:

1. Assess the medical needs and call 911 immediately.
2. Seek out other staff for assistance.
3. Once EMS arrives, pertinent information may be released in accordance with current D19 policy. If consumer is able to give information, let the consumer do so.
4. Notify consumer’s emergency contact of the incident. Information released to the emergency contact may include current status of the consumer.
5. Case Manager shall be notified of the incident. Case Manager will be informed that contact has been made with emergency contact.
6. QI and Program Coordinator must be notified immediately of incidents. An Incident Report (HSM 003-01) must be completed as soon as possible, no more than 24 hours from the event. The completed report must be submitted to the Program Coordinator and QI as described in agency policies and procedures.
7. Program staff will need to coordinate with the case manager the outcome of the consumer’s medical treatment and make changes in individual service plan (ISP) as appropriate for Day Services.
8. Psychosocial Rehabilitation Programs will update consumer’s clinical record with the following information as changes occur and no less than annually: emergency contact person and primary care physician (PCP).

Psychiatric Emergency:

1. First point of contact will be with D19 Crisis services for Petersburg or Emporia.
2. If an evaluation is deemed necessary, the Crisis staff member will advise PSR staff.
3. D19 Certified Pre-Screener will do the initial evaluation to identify problems, needs and disposition. The consumer will be immediately signed out of the Psychosocial Rehabilitation Program at the time the evaluation begins. (This will clearly identify the beginning and ending time of the Crisis Evaluation.) If in-patient treatment or hospitalization is the recommended disposition, the Certified Pre-Screener will assist with hospital bed location.
4. If the consumer is aggressive and hostile, call 911 immediately for the local police department.

**Management of Infectious Diseases:**

An individual shall not be denied services or face discharge solely on the basis of a suspected infectious disease. Staff shall be trained regarding the management of transmitted serum and infectious diseases. Program staff will be trained in the use of Universal Precautions and will use Universal Precautions in any situation with the potential for contact with body secretions. Latex gloves are available at each program site. A secretion barrier mouth protector for use in CPR is placed at each Psychosocial Rehabilitation site.

Test results for infectious disease will be disclosed to appropriate sources only in strict accordance with federal and state laws. Consumer records will reflect a diagnosis of an infectious disease only if the individual has been diagnosed through laboratory testing confirmed by a physician. Staff shall comply with current District 19 policies and procedures re: the management of infectious diseases.

**PSR Bed Bug Policy:** Please see Addendum D.

**Medication Administration/Management:**

Psychosocial Rehabilitation Programs (PSR) does not maintain, store or dispense any medications. However, if medications are brought to a program by a consumer, such medications must be properly labeled and packaged. A secure box for holding medication shall be made available to the consumer for the purpose of risk management. When a consumer leaves the program at the end of the day, he or she will be expected remove all medications from the secure box.

**Nutrition/Food Service Policy – Psychosocial Rehabilitation Programs**

It is the policy of Psychosocial Rehabilitation Programs that all persons who assist in providing food service, including preparation and serving food, shall follow these requirements as outlined by the Crater Health District-State of Virginia Department of Health. District 19 CSB, as the permit holder, designates each Program Coordinator and/or alternate as the person in charge of Food Service Procedures. Program Coordinator/alternate will be present during all hours of operation.

1. At least one Qualified Mental Health Professional (QMHP-A) at Spring Center PSR will take and pass the certified ServeSafe Food Services course with the Crater Health District. Other staff of the PSR will be knowledgeable of the Basic Food Safety techniques.
2. Foods should be purchased from a supplier whose products and practices meet federal, state and local standards.
3. Store all perishable foods at a temperature of 40 degrees F. or less in refrigerated units and 0 degrees F. or less for frozen food products.
4. Standards for proper food preparation require specific refrigerator/freezer temperatures as noted above. **Each refrigerator/freezer must have a thermometer in each unit.**

5. Facilities and equipment shall be cleaned with proper cleaning solvents in order to prevent contamination of food during the food preparation process. This includes cutting boards, knives and counter tops.

6. Food handlers who use chemicals shall thoroughly wash and dry their hands before returning to food preparation area/duties (i.e., cleaning trash cans, mopping floors, etc.).

7. Staff and consumers in the food preparation area shall have appropriate hygiene and wear an effective hair restraint, such as hairnets, to prevent hair from contaminating food.

8. All persons shall wear plastic gloves when preparing food. Gloves should be changed frequently or whenever there is a chance they may have become contaminated.

9. Staff and consumers shall not eat or drink, smoke, use tobacco in any form, or chew gum while preparing or serving food. This also includes areas used for cleaning equipment and utensils. Staff and consumers **MUST** wash hands thoroughly and frequently.

10. Consumers are encouraged to provide suggestions for the menu (i.e., submitting a food request to staff) as it relates to his/her cultural background or dietary needs. Menus are posted in designated areas for review.

*Psychosocial Rehabilitation Program staff will assist consumers who exhibit limited or special needs (i.e., seating, handling his/her plate, opening milk container or feeding, if necessary.*

**TRANSPORTATION SERVICES**

1. Services provided by each member’s MCO (Anthem, Aetna, Optima, United, Magellan, and Virginia Premier) for consumers who attend Psychosocial Rehabilitation programs (PSR). The PSRs operate Monday- Friday – 7:30 A.M. to 2:30 P.M. for Spring Center PSR and Monday-Friday 8:00 A.M. to 3:00 P.M. for Atlantic House PSR.

2. Requests for Medicaid transportation authorizations are completed by the PSR Program Coordinator or designated staff of the PSR. Changes are requested as needed for consumers with other types of benefits.

3. When new consumers enroll in day services programs, the assigned case manager will obtain the initial authorization for transportation services. Thereafter, authorizations and follow-up for services are monitored by staff of the PSR.