

Service Name	<b>PSYCHIATRIC RESIDENTIAL REHABILITATION</b>
Setting	Facility based
Facility License	As required by DHHS Division of Public Health.
Basic Definition	Psychiatric residential rehabilitation is designed to provide individualized treatment and recovery inclusive of psychiatric rehabilitation and support for individuals with a severe and persistent mental illness and/or co- occurring disorder who are in need of recovery and rehabilitation activities within a residential setting. The intent of the service is to support the individual in the recovery process so that he/she can be successful in a community living setting of his/her choice.
Service Expectations: basic expectations for more detail see Title 471 chapter 20	<ul style="list-style-type: none"> <li>• An Initial Diagnostic Interview (IDI) conducted by a licensed, qualified clinician and credentialed mental health professional prior to admission OR completed within 12 months prior to the date of admission.</li> <li>• If the diagnostic interview was completed within 12 months prior to admission, a licensed, qualified clinician should review and update as necessary via an addendum, to ensure information is reflective of the individual's current status and functioning. The review and update should be completed within 30 days of admission.</li> <li>• A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the individual, should be completed within 30 days of admission and may be completed by non-licensed or licensed individuals on the team.</li> <li>• An initial treatment/rehabilitation/recovery plan (orientation, assessment schedule, etc.) to guide the first 14 days of treatment developed within 72 hours of admission.</li> <li>• Arrange for psychiatric services as needed.</li> <li>• Alcohol and drug screening; assessment as needed.</li> <li>• A treatment/rehabilitation/recovery plan developed with the individual, integrating individual strengths &amp; needs, considering community, family and other supports, stating measurable goals, that includes a documented discharge and relapse prevention plan completed within 30 days of admission.</li> <li>• Review the treatment/recovery and discharge plan with the individual, other approved family/supports, and the clinical supervisor every 90 days or more often as needed; updated as medically indicated; approved and signed by the clinical supervisor, other team members, and the individual being served.</li> <li>• The ability to arrange for general medical, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic and treatment services.</li> <li>• Ancillary service referral as needed: (dental, optometry, ophthalmology, other mental health and/or social services including substance use disorder treatment, etc.).</li> <li>• Therapeutic milieu offering 25 hours of staff led active treatment/ rehabilitation/recovery activities per individuals served, seven days a week.</li> <li>• The on-site capacity to provide medication administration and/or self-administration, symptom management, nutritional support, social, vocational, and life-skills building activities, self-advocacy, peer support services, recreational activities, and other independent living skills that enable the individual to reside in their community.</li> <li>• Ability to coordinate and offer a minimum of 20 hours/week of additional off-site rehabilitation, vocational, and educational activities.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ability to coordinate other services the individual may be receiving and refer to other necessary services.</li> <li>• Referral for services and supports to enhance independence in the community.</li> </ul>
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the individual's ability to make progress on individual treatment/recovery goals.
Staffing	<ul style="list-style-type: none"> <li>• Clinical direction by a Licensed Psychologist, APRN, RN, LIMHP, or LMHP working with the program to provide clinical direction, consultation and support to direct care staff and the individuals they serve. Clinical direction involves a face to face or phone review of the individual's clinical needs with the worker every 30 days. The review may be accomplished by the supervisor consulting with the worker on the list of assigned individuals and identifying any clinical recommendations. Clinical direction may be completed in a group setting with more than one worker as long as each individual on the worker's case load is reviewed.</li> <li>• Appropriately licensed and credentialed professionals working within their scope of practice</li> <li>• Direct care staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> <li>• Other individuals could provide non-clinical administrative functions.</li> <li>• All staff should be educated/trained in rehabilitation, recovery principles and trauma informed care.</li> </ul>
Staffing Ratio	<ul style="list-style-type: none"> <li>• Clinical supervisor to direct care staff ratio as needed to meet all responsibilities.</li> <li>• Direct care staff to provide a variety of recovery/rehabilitative, therapeutic activities and groups for individuals throughout scheduled program times is expected.</li> </ul>
Hours of Operation	24/7
Desired Individual Outcome	<ul style="list-style-type: none"> <li>• The individual has met their treatment/rehabilitation/recovery plan goals and objectives.</li> <li>• The precipitating condition and relapse potential is stabilized such that individual's condition can be managed with professional external supports and interventions outside of the psychiatric residential rehabilitation facility.</li> <li>• Individual has support systems secured to maintain stability in a less restrictive environment.</li> </ul>
Admission guidelines	<p>All of the following are required to be present:</p> <ul style="list-style-type: none"> <li>• A primary diagnosis of a psychotic disorder, major affective disorder, or other major mental illness under the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.</li> <li>• Persistent mental illness as demonstrated by the presence of the disorder for the last 12 months or which is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the individual's ability to function independently in an appropriate manner in two of three functional areas.</li> <li>• Presence of functional deficits in two of three functional areas: <ul style="list-style-type: none"> <li>○ Vocational/Education: <ul style="list-style-type: none"> <li>▪ Inability to be employed or an ability to be employed only with extensive supports;</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or</li> <li>▪ Inability to consistently and independently carry out home management tasks.</li> <li>○ Social skills: <ul style="list-style-type: none"> <li>▪ Repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports;</li> <li>▪ Consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or</li> <li>▪ History of dangerousness to self/others.</li> </ul> </li> <li>○ Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in three of five of the following: <ul style="list-style-type: none"> <li>▪ Grooming, hygiene, washing clothes, meeting nutritional needs;</li> <li>▪ Care of personal business affairs;</li> <li>▪ Transportation and care of residence;</li> <li>▪ Procurement of medical, legal, and housing services; or</li> <li>▪ Recognition and avoidance of common dangers or hazards to self and possessions.</li> </ul> </li> <li>● Functional deficits of such intensity requiring professional interventions in a 24 hour psychiatric residential setting.</li> <li>● The individual is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed residential rehabilitation services are not provided.</li> <li>● Requires 24-hour awake staff to assist with psychiatric rehabilitation.</li> </ul>
Continued stay guidelines	<ul style="list-style-type: none"> <li>● All of the following guidelines are necessary for continuing treatment at this level of care:</li> <li>● The individual continues to meet admission guidelines.</li> <li>● The individual does not require a more intensive level of services and no less intensive level of care is appropriate.</li> <li>● There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas.</li> <li>● The individual is making progress towards rehabilitation goals.</li> <li>● That symptoms or behaviors demonstrated are based on the DSM Diagnosis (current version).</li> <li>● Continues to require 24-hour awake staff to assist with psychiatric rehabilitation.</li> </ul>