Psychosocial Rehabilitation & Recovery Center (PRRC): A New Mental Health Paradigm

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Timothy R. Smith, Ph.D.
Director, Outpatient Psychosocial Rehabilitation & Recovery Services
Office of Mental Health Services - VA Central Office
Objectives

- Explicate definitions of psychiatric or psychosocial rehabilitation
- Explain the components of recovery
- Understand the core principles of psychosocial rehabilitation
- Define some differences between stabilization and recovery models
- Explain the purpose of PRRCs (mission, vision, and values)
- Define the core elements and characteristics of PRRC programming
- Articulate the current status of PRRC outcome measures
What is Psychosocial or Psychiatric Rehabilitation and Recovery?
Psychiatric Rehabilitation

“Psychiatric rehabilitation promotes recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychiatric rehabilitation services are collaborative, person directed and individualized. These services are an essential element of the health care and human services spectrum, and should be evidenced-based. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.”

Uspra.org September 29, 2007
What is Mental Health Recovery?

“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

SAMHSA 2006
Vision of Recovery

“We envision a future when everyone with a mental illness will recover...a future when everyone with a mental illness at any stage of life has access to effective psychiatric rehabilitation and support – essentials for living, working, learning, and participating fully in the community.”

What are the Components of Recovery?
Components of Recovery
SAMHSA - 2005

- Hope
- Self-direction
- Individualized
- Empowerment
- Holistic

- Non-linear
- Strengths-based
- Peer support
- Respect
- Responsibility
What are the Core Principles of Psychosocial Rehabilitation?
PSR Principles

- **ALL** people have the capacity to learn and grow. Recovery is the ultimate goal of PSR. Interventions must facilitate the process of recovery.

- PSR practices help people re-establish normal roles in the community and their reintegration into community life.

- PSR practices facilitate an enhanced quality of life for each person receiving services.

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PSR Principles

- Culture and/or ethnicity play an important role in recovery. They are sources of strength and enrichment for the person and the services.

- People receiving services have the right to direct their own affairs, including those that are related to their psychiatric disability.

- All people are to be treated with dignity and respect.

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PSR Principles

- PSR practitioners make a conscious effort to eliminate labeling and discrimination, particularly based upon a disabling condition.

- PSR interventions build on the strengths of each person.

- PSR services are to be coordinated, accessible, and available as long as needed.

- All services are to be designed to address the unique needs of each individual, consistent with the individual’s cultural values and norms.

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PSR Principles

- PSR practices actively encourage and support the involvement of persons in normal community activities throughout the rehabilitation process.

- The involvement and partnership of persons receiving services and family members is an essential ingredient of the process of rehabilitation and recovery.

- PSR practitioners should constantly strive to improve the services they provide.

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Comparison of Stabilization Model and PSR Model

**Stabilization Model**
- Traditional medical model. Limited vision for recovery.
- Focus on stabilization.
- Primary interventions are directed at symptoms.
- Passive veteran participation.
- Veterans look to others to “heal” them.
- High levels of veteran apathy and staff burnout.

**PSR Model**
- Psychosocial rehabilitation model - vision for change.
- Focus on recovery.
- Primary intervention is goal-setting/achievement.
- Active participation.
- Veterans are empowered and responsible for their recovery.
- Higher levels of veteran and staff satisfaction.
Why Have PRRCs?
Rationale for PRRCs

- Instill hope
- Reduce apathy
- Assist veterans with defining a personal mission and vision for their lives
- Assist veterans with setting goals and organizing their lives to achieve them
- Support to provide “stepping stone” into meaningful community roles
- Facilitate development of natural community supports
Who Does the PRRC Serve?

- All veterans challenged with serious mental illnesses (SMI) with significant functional impairment
- SMI defined as psychosis, schizoaffective disorder, major affective disorder, or severe PTSD and
- GAF 50 or less (i.e., serious impairment in social occupational or school functioning - No friends, unable to keep a job or attend school)
Mission of PRRCs

- PRRCs are transitional educational centers that help inspire and assist veterans reclaim their lives by instilling hope, validating veterans’ strengths, teaching skills, and facilitating community integration so that they can develop meaningful self-determined roles in the community.

- PRRCs provide veterans with serious mental illnesses the avenue to define and pursue a personal mission and vision for their future which is based on their identified strengths and self-chosen values, interests, personal goals, and roles.
Vision for PRRCs

All veterans served in PRRCs will:

- define and pursue a self-determined personal mission and vision for their lives.
- have access to support, education, effective and holistic psychiatric rehabilitation that fosters improvements in all domains of their lives.
- develop the skills necessary to set and achieve self-determined goals that result in meaningful roles in the community.
- have consistent access to recovery-oriented interventions and natural community-based supports essentials for living, working, learning, and contributing fully in the community.
- choose PRRCs as their preferred (first choice) in mental health care.

PRRC staff will:

- embrace, incorporate, and practice using the core principles of psychiatric rehabilitation in all interactions, interventions, and program development.
Values of PRRCs

- Embrace core PSR principles
- Embrace vision of recovery
- Embrace core components of recovery
- Provide a transitional learning environment where veterans challenged with SMI can improve their lives
Individualized assessment and curriculum planning (e.g., “What do you want to achieve?” Utilizes strategies such as motivational interviewing, clarification of life values, goals, and roles, and CBT)

Skills training classes

Psychoeducational classes

Illness management (including substance abuse) and recovery classes
Core Elements of PRRCs

- Wellness programming
- Peer leadership and support services
- Family psychoeducational and family educational programs
- Designed to integrate customer feedback into development of curriculum and curriculum changes
Other Services That Are To Be Coordinated With PRRCs

- Psychiatric diagnostic and services
- Primary care
- Case management services (including MHICM)
- Compensated work therapy
- Transitional work experience
- Incentive therapy
- Supported employment
Characteristics of PRRCs

- Hours of operation are Monday – Friday 8:00 a.m. – 4:30 p.m.

- Evening and weekend hours are available to support veterans’ emerging roles in the community

- Services are available as long as needed and successful discharge from the program is mutually determined by veteran and PRRC team
Characteristics of PRRCs

- Successful discharge is expected when veteran has gained mastery over psychiatric challenges and has acquired/mastered skills that enable veteran to function in meaningful community roles

- Following discharge from the program, veterans may participate in any element of the program on an as-needed basis in the future
Characteristics of PRRCs

- The services provided within PRRCs should be available to all veterans with serious mental illness who require them for rehabilitation and recovery.

- Typical staffing includes: 1.0 Program Coordinator, 1.0 Masters prepared Advanced Practice Nurse, 1.0 – 2.0 Peer Support Technicians, 1.0 Program Support Assistant, 1.0 Psychologist and 1.0 Masters prepared Social Worker.

- Actual staffing based on number of veterans served and how services are provided.
Accreditation Standards for PRRCs

- Joint Commission Behavioral Health Standards
  - Common or “starred” BH standards
  - [http://vaww.oqp.med.va.gov/oqp_services/accreditation/jcaho.asp#manuals](http://vaww.oqp.med.va.gov/oqp_services/accreditation/jcaho.asp#manuals)

- Carf Behavioral Health Standards – Sections 1 and 2 as well as Community Integration Standards
  - [http://vaww.oqp.med.va.gov/oqp_services/accreditation/2007%20CARF%20Pubs%20(D)/License.htm](http://vaww.oqp.med.va.gov/oqp_services/accreditation/2007%20CARF%20Pubs%20(D)/License.htm). (If VA staff, choose “Accept” as VA has license)
Status of Outcome Measurements

- Plan is to provide efficacy performance data to local and national VA leaders and others as requested.
- Outcome Measures Work Group has been formed.
- National PRRC outcome data will be collected at the facility level and analyzed in cooperation with the Outcome Measurement Work Group and VACO OMHS.
Evaluation Components

- **Structure**: Staff and non-staff resources used to support the program and their costs
- **Target population**: are we serving the intended population?
- **Process of psychosocial rehabilitation**:  
  - Services delivered  
  - Duration/Intensity of participation  
  - Satisfaction/Recovery-Empowerment values/PSR climate
- **Outcomes**:  
  - Hope/ Empowerment/ Confidence/ Self-Efficacy  
  - Enhanced community integration in meaningful roles  
  - Improved physical, intellectual, emotional, social, and spiritual health
Currently, there are 26 VACO-funded or partially funded PRRCs

68 facilities with DTC or Day Hospital Programs must transform to PRRCs with VACO support

17 facilities have 1500 or more veterans on the NPR must build a new PRRC with VACO support

16 facilities have between 1000 and 1499 veterans on the NPR are strongly encouraged to build a PRRC with VACO support
VA Resources Available to PRRCs, DTCs, ACOSs, and LRCs

- **PRRC Conference Calls**
  - First and third Fridays at 2:00 pm ET
  - Dial in #: 1-800-767-1750  Access Code: 42698
  - Next scheduled call: May 2, 2008 at 2:00 pm ET

- **Carf Conference Calls**
  - Monthly on the third Thursday at 11:00 am
  - Dial in #: 1-800-767-1750  Access Code: 17399
  - Next scheduled call: May 15, 2008 at 11:00 am ET

- **PRRC Mail Group – VHA PRRC**

- **Director, Outpatient PSR**
  - Email: Timothy.smith3@va.gov
  - Phone: (717) 272-6621 Ext. 5532
Training Resources for PRRC and DTC Staff


- Three regional Carf 101 Training Conferences (Including Community Integration Standards)
  - July 8-9, 2008 in Denver, CO
  - August 7-8, 2008 in Tampa, FL
  - August 25-26, 2008 in Pittsburgh, PA
Questions