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From: Missy Shuster [mshuster@pathcenter.org]
Sent: Monday, November 22, 2010 2:20 PM
To: OMHSASBulletinComments
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Subject: Philadelphia's Community Collaborative's Comments

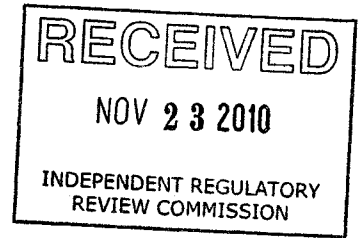
BUREAU OF POLICY AND
PROGRAM DEVELOPEMENT

Hello,
Please accept the attached comments submitted by the Philadelphia Collaborative of Psychiatric Rehabilitation Service providers regarding the proposed regulations. We appreciate the chance to comment and work collaboratively in ensuring that the new regulations allow providers to maintain quality, effective and efficient services to residents of Pennsylvania. The Collaborative is comprised of the following agencies: Path, Inc, Horizon House, Elwyn Services, Cohmar, Community Council, Jevs, Northwestern Human Services and Consortium-Inc. If there are any questions please contact mshuster@pathcenter.org.
Thank you,
The Philadelphia Community Collaborative

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**OMHSAS DRAFT PRS REGULATIONS
Philadelphia Community Collaborative's Comments**



5230.31 Admission Requirements

The proposed regulations differ from the existing standards as they exclude all other diagnoses outside of schizophrenia, major mood disorder, psychotic disorder NOS, schizoaffective disorder or borderline personality disorder. The previous standards allowed for review of the diagnoses, treatment history and severity of the illness by the BHMCO to determine if an exception would be made. Individuals who are diagnosed with a mental illness other than those listed above can experience severe functional impairments. The interventions associated with psychiatric rehabilitation can result in individuals achieving goals, better managing psychiatric symptoms and feeling an increased satisfaction with the quality of their lives.

5230.62 Individual Rehabilitation Plan

The proposed regulation indicates that the Individual Rehabilitation Plan (IRP) shall be reviewed and revised at least every 90 days and when an objective is completed. The IRP is a comprehensive and often times sequential document, listing multiple steps in meeting a component of the Overall Rehabilitation Goal (ORG). Therefore when the objective is achieved, there are several more objectives listed for the PRS staff and individual to address collaboratively. To spend time addressing revisions would interrupt the flow of the psychiatric rehabilitation process as the next steps have previously been listed. Review and revision is indicated when no significant progress is made or when an individual is requesting a change related to their goal.

5230.61 Assessment

The proposed regulations mandate that an assessment be updated annually and when the individual completes a goal or objective. The discussion above that detailed why revising a plan after the completion of each objective (i.e. sequential step) is not feasible, applies to this mandate as well. Monthly notes are written in collaboration with the service recipient. These notes reflect on the individual's personal vision of their rehabilitation and recovery and inherent in this process is an assessment of strengths and needs.

5230.63 Daily Entry

The proposed regulation is mandating a daily entry of psychiatric rehabilitation services. This frequency of documentation is a timely task that would severely impact on service delivery. By regulation, Partial Hospital Programs must provide daily documentation which usurped staff's time and energy and resulted in notes reflecting very little in terms of a comprehensive and meaningful assessment. Daily notes written in a responsible manner took a minimum of 2 hours per day; this was clearly a reduction of resources available to service recipients. We strongly recommend continuation of a comprehensive monthly note providing the consumer and staff with a clear assessment and direction.

5230.52 General Staffing Patterns and 5230.50 Staffing Qualifications

The recommendation is that the Certified Peer Specialist (CPS) qualifies as psychiatric rehabilitation worker based on certification as well as lived experience. The current classification of psychiatric rehabilitation assistant would prohibit CPS staff to work independently in the community. The CPS often times is able to inspire individuals as well as garner trust due to shared experiences. Limiting this relationship by introducing a third person into the dyad most likely would result in a compromised intervention.

5230.13 Physical Site Requirements

The recommendation is that the PRS space is to be identifiable and based on service description. The Collaborative agrees with the proposed regulation that PRS sites and activities must be able to be distinguished from other services. In Philadelphia, PRS is the major component but not the only component of our recovery oriented services which has proven to be evidenced promising as well as cost effective.