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PENNSYLVANIA



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Greetings,

Below are comments on behalf of the Pennsylvania Clubhouse Coalition (PCC) regarding the proposed rulemaking regulatory changes to 55 PA code Ch. 5230 for Psychiatric Rehabilitation Services (PRS).

5230.3 – Definitions

- Wellness - The PCC suggests that this domain is defined utilizing the holistic 8 dimensions of wellness framework authored by Peggy Swarbrick and adapted by the Substance Abuse and Mental Health Services Administration (see attached).

5230.21 – Individual Record

- (i): The PCC does NOT support the ability of a parent/guardian to sign consent for receipt of services for an individual of the ages 14-17. The values and principles of psychiatric rehabilitation include self-determination and empowerment, the dignity and worth of every individual, and a person-centered approach. Allowing family members to sign for someone who is not themselves in agreement

with accessing PRS is in direct opposition to the voluntary nature of psychiatric rehabilitation. From a Clubhouse perspective, this goes a step further in being contrary to the very first Clubhouse Standard which states that membership is voluntary and without time limits. Extending services to individuals 14-17 who are not themselves consenting to receive PRS is not in alignment with Clubhouse Standards, nor with the goals, values, and principles of Psychiatric Rehabilitation.

5230.31 – Admission, Continued Stay, & Discharge Requirements

- *(c-3)*: The PCC does not support the added requirement for the recommending provider to document anticipated benefit that PRS will provide for the individual. The recommendation for services already requires documentation of functional impairment impacting a life domain, and it follows that the anticipated benefit of services is improved functioning in one of the life domains. In addition, the recommendation is completed from the perspective of the recommending provider, while the individual being referred for PRS services may have a different goal/desired outcome for PRS than the provider has identified at the time of the service recommendation. Thus, allowing the recommending provider to identify the anticipated benefit of PRS services has the potential to take away from the individual's ability to set their own rehabilitation goals with the PRS provider.
- *(d)*: The PCC does not support changing the focus/title of the initial assessment to an initial functional impairment screening. The initial assessment performed by PRS providers already ensures identification of functional impairment and preliminary goals of PRS for the individual. This change is very illness-focused and not in line with the strengths-based nature of psychiatric rehabilitation.

5230.52 – General Staffing Requirements

- *(h)*: The PCC requests clarification on the language change for the minimum of 25% of staff to meet qualifications of psychiatric rehabilitation specialists within 2 years of licensing from "FTE staff complement" to "staff based on the number of FTE positions". It is unclear whether this change in language indicates that this requirement applies to all available positions (including any current program vacancies) versus all currently staffed positions.

5230.54 – Group Services

- (3): The PCC does not support this addition to the regulations. There are times when Clubhouse members might choose to spend time in the community (including within their own homes) with other Clubhouse members. In these times, it has happened that members may choose to join Clubhouse programming (both work-ordered day PRS programming and after-hours social programming) together from one member's place of residence. This new provision blocking the ability for individuals to choose to access PRS together from one person's home impacts their ability to receive services, and is also in opposition to psychiatric rehabilitation goals values and principles.

5230.61 – Assessment

- (b): The PCC is concerned about the addition to the code indicating that family members and other natural supports are to be included in the initial assessment. The need to involve external individuals may delay the ability of PRS providers to engage the individual in the program. In addition, while it is noted that any added parties to the assessment planning process will be at the discretion of the individual, the PCC has concern that this will impact the development of the supportive and collaborative partnership between the individual and the PRS provider. All too often we find that family members and other natural supports might have different goals for an individual than and individual has for themselves. Individuals are always welcome to include other persons they identify as supports in collaboration with their services; it seems unnecessary, restrictive, and in some ways, demeaning to the individual as it suggests they are not able to fully speak for themselves in terms of their needs and goals.
- (7i.1): The PCC is concerned about the requirement to update the assessment when "The individual's diagnosis and identified needs change." A PRS provider is not always made aware when a diagnosis has been changed. Additionally, it is unclear from this statement whether this updated assessment requirement comes after a diagnosis change is noted by the individual or only by a provider; nor is it clear what it means that their "identified needs" change in addition to the change in diagnosis. As written, this change suggests that it would be a combination of the new diagnosis AND the change in need that would require the update to the assessment. It is the

experience of the PCC that an individual's needs are not necessarily tied to the diagnoses for which they currently meet criteria.

5230.63 – Daily Entry

- (4): The PCC does not agree with the elimination of the requirement for the individual's signature on the daily note. This proposed change is in direct opposition to Clubhouse International standards, which state that "Members at their choice are involved in the writing of all records reflecting their participation in the Clubhouse. All such records are to be signed by both member and staff." The PCC would support having an option for a verbal consent on the daily note, mirroring the requirement for in-person signature or verbal consent as allowable on the IRP.

We appreciate the opportunity to provide comments regarding the proposed rulemaking changes to Department of Human Services 55 PA code 5230 regarding Psychiatric Rehabilitation Services in the commonwealth. The PCC continues to be grateful for the support of the Office of Mental Health and Substance Abuse Services in the delivery of services provided by accredited Clubhouses throughout our state.

Please feel free to reach out for any questions or clarifications. We are grateful for your time and consideration of our comments.

Sincerely,

Jill Valiant, President

Pennsylvania Clubhouse Coalition



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WELLNESS

Source: Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311-314.

