

National Psychiatric Care and Rehabilitation Services

Building new beginnings

Program and Service Description

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Program description:

Adult Residential Social Rehabilitation Program

National Psychiatric Care and Rehabilitation Services (NPCRS) is licensed by the California Department of Social Services' Community Care Licensing division as a Residential Social Rehabilitation Program for Adults. This facility provides comprehensive care for those suffering from primary psychiatric disorders including:

- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorder
- Panic Disorder
- Generalized Anxiety Disorder
- Post-traumatic Stress Disorder
- Major Depressive Disorder
- Adjustment Disorder
- Personality Disorders
- Obsessive Compulsive Disorder

The program is focused on providing rehabilitation services in a comfortable residential setting with a low client: staff ratio. **NPCRS provides therapeutic, psychosocial rehabilitation in a 24-hour residential treatment program as an alternative to psychiatric hospitalization for individuals who voluntarily choose to be rehabilitated in residential setting.** The goal is to reintegrate the client back into the community by focusing on

interpersonal and independent living skills, behavior management skills, and skills to sustain sobriety.

NPCRS is staffed 24 hours a day, seven days a week. The program's psychiatrists, Administrator/Program Director and Director of Nursing are available on-call to provide support for staff in the facility at any time of the day or night.

Our program includes five group sessions per day, Monday through Saturday, leaving the weekend less structured (three group sessions per day) to allow for time with family and community reintegrating activities.

Group are organized around topics such as:

- Recovery strategies
- Practical facts about mental illness
- How stress combines with biological vulnerability to make managing emotions challenging
- Building social support
- Effective use of medications
- Drug and alcohol abuse
- Strategies for reducing relapses
- Coping skills for stress and persistent symptoms
- Self-advocacy and getting one's needs met in the mental health system
- Maintaining a healthy physical and emotional lifestyle

Residents are assisted using a variety of approaches, including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Motivational Interviewing (MI), Wellness Recovery Action Planning (WRAP), and Illness Management and Recovery (IMR), as well as 12-step activities in the

community and in-house via Dual Recovery Anonymous education sessions.

Facility

Our clients reside in a beautiful renovated 6000 sf home in Walnut Creek, California.

- The house consists of 12 very spacious bedrooms and 7 bathrooms.
- Our bedrooms are finished with natural materials and are filled with light.
- Much like a charming boutique hotel, rooms are furnished with beds with premium mattresses, built-in closets, nightstands with reading lamps, and comfortable chairs. Some bedrooms feature a desk, bookcase or a walk-in closet. All rooms are comfortable, quiet and offer privacy to residents.
- The kitchen features top-of-the-line appliances and ample space for cooking and dining.
- Clients may use exercise equipment, games, computers with internet access and a large flat-screen t.v. with DVD for leisure activities when groups are not in session. Wi-fi and phone are available for residents' use
- Private therapy rooms are ideal for individual, couple and family sessions.
- Large, newly remodeled therapy room with comfortable furniture.

- Backyard features a water fountain and shaded seating areas for socializing and visiting with family and friends.
- A beautifully landscaped front entrance welcomes residents and guests with a variety of blooming roses.

Philosophy

Our services are client-centered and strengths-based and tailored to the unique needs of each resident and their families/ caretakers.

- Least restrictive environment: The NPCRS program is structured to provide services to mentally ill clients in the least restrictive and most normative environment appropriate to their needs.
- When more restrictive treatment is needed, transitions to more secure settings are facilitated with appropriate attention to client safety.
- Family participation: Our program recognizes that families are often strong advocates for our residents, therefore regularly-scheduled family education groups and family counseling are available to support residents' recovery.

Goals:

- To provide a safe, comfortable and structured environment for recovery, with effective therapeutic interventions and appropriate supervision twenty-four hours a day.
- To reduce the need for inpatient hospitalization by offering a safe alternative for those in crisis.
- To provide accurate psychosocial and psychiatric

assessments.

- To provide medication evaluation and management.
- To provide collaborative case management which links residents to community resources for aftercare outpatient treatment.
- To provide stabilizing, supportive interventions to individuals who are not able to be safe in a less restrictive environment.
- To foster an environment which supports the family's or caretaker's involvement in treatment planning and transition to the community, when appropriate.
- To provide rehabilitation programming which assists clients in developing an awareness of the interpersonal and behavioral skills that can be used to address future mental health challenges.
- To assist individuals in successfully returning to their families, homes, careers and leisure activities following a psychiatric crisis.

Admission Criteria

Individuals appropriate for services at NPCRS have a primary diagnosis of a mental illness and experience symptoms and behavioral patterns which indicate a deterioration from previous level of functioning and which cannot be treated outside of a 24-hour residential facility. The Individual's social environment is characterized by temporary stressors or limitations that would undermine outpatient treatment and therefore treatment can most effectively be delivered in a residential facility.

There is a reasonable expectation that the illness, condition and level of functioning will be stabilized and improved and that short-term residential crisis interventions will mitigate behaviors and symptoms that required this level of care, and that an Individual will quickly be able to return to outpatient treatment.

Staff Resources

- The Residential Rehabilitation facility is staffed by multi- disciplinary team consisting of:
- Psychiatrist MD- is monitoring resident patients for a combined total of 25 hours a week, with 24/7 on call availability
- Program Director/Administrator- employed 40 hours a week; with 24/7 on call availability.
- Director of Nursing- an RN/LVN employed 40 hours a week with 24/7 on-call availability supervises nursing and medication management and coordinates admissions and aftercare.
- Licensed Vocational Nurse or Licensed Psychiatric Technician on duty during waking hours, 16 hrs/day.
- Mental Health Workers, some with backgrounds in peer counseling, support residents in the milieu by providing in-vivo behavioral coaching, prompts and encouragement.
- Marriage and Family Therapists- employed 7 days a week to facilitate groups, conduct psychosocial assessments, plan clinical treatment and provide individual, couple and family counseling as needed. These interns receive their required clinical supervision from a licensed therapist who is the Program Director/Administrator
- Consulting pharmacist - coordinates, reviews, and supervises the pharmaceutical services quarterly.

All members of this team participate in service planning and/or provision.

Intensity of Service

- Our residential rehabilitation program takes place in a structured facility-based setting with an average daily client census of up to 12 patients age 18 to 59 years old who do not have major physical disabilities or medical conditions that require immediate attention. All clients are ambulatory. **The average length of stay is approximately 18 days not exceeding 30 days, unless circumstances require a longer stay to ensure successful completion of the treatment plan and appropriate referral.** The service needs are reviewed with the client or an authorized representative prior to admission.
- Structured day and evening services are provided 7 days a week including: Individual and group counseling, development of community support systems, family counseling, development of self-advocacy skills; crisis intervention is provided promptly when necessary.
- Urine drug screens are done during clients stay if indicated, and residents who choose to consume alcohol or illicit drugs while in the program will be assisted to find a more appropriate placement. All clients are required to be screened for tuberculosis prior to admission. A tuberculosis screening may not be required if there is satisfactory written evidence provided that a negative tuberculosis screening occurred within 90 days of the date of admission to the facility.

- A psychiatrist evaluates clients **within 24 hours of admission. Psychiatrists see their resident patients at least two times a week during their stay, and are available on-call 24 hours a day, 7 days a week.**
- **A skilled nursing professional (RN/LVN or LPT) completes a nursing assessment and coordinates the medical/psychiatric care of residents in the program.** They monitor vital signs, medication response, and address any laboratory or medical needs. RN/LVN/LPT is available on-site for 24 hours a day, covering day and evening shifts. During the night shift, three trained licensed staff are on duty, and all three remains awake throughout the shift.
- **Group and individual psychotherapy is provided by Masters-level clinicians and is centered on the development of skills necessary to effectively communicate emotional issues and promote healthy behavioral and verbal expressions of feeling.** Therapy and rehabilitation counseling is provided in group daily for approximately five hours. Individual, couple and family therapy is provided if indicated to support recovery.
- Clinical service delivery approaches include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Illness Management and Recovery, Wellness Recovery Action Planning (WRAP) and 12-step education. Sessions are specifically designed for those with mental illness or mental illness and a co-occurring substance use disorder.
- Client care is coordinated with other service providers, such as outpatient psychiatrist, therapist, primary care physician and case manager.
- Unless contraindicated, family members are invited to participate in family psychoeducation groups and family counseling focused on supporting client's recovery within the family.

Delivery of Services

- The referral assessment is conducted by a trained clinician.
- This includes an interview of the client and family if possible as well as gathering collateral information. Once it is determined that the client appropriate for the level of care requested as well as the milieu, then the admission is scheduled. The clinician then conducts a thorough clinical assessment and establishes initial treatment goal.
- When the client arrives at NPCRS, the staff orients the client and family to the facility. The client receives a copy of the program schedule and client rights, house rules and grievance procedures are explained. Client or responsible party (i.e. conservator) signs admission agreement and consent for treatment.
- Procedures for calls and visits are explained.
- At the time of admission, all clients receive a formal comprehensive bio-psychosocial assessment, which includes a diagnosis based on DSM 5. Collateral information, information gained via client interview and observation, and available reports from prior treatment environments will be interrelated into a comprehensive summary, which will be used in formulating recovery goals. Discharge goals and plans are also addressed at intake.

Treatment Planning

- **Within 72 hours of admission, a patient centered, individualized/rehabilitation plan is completed, specifying goals and objectives and staff and clients'**

specific responsibilities for their achievement. The plan addresses clients' psychiatric (behavior, affect, cognition), relationship, social, family and substance recovery needs. Clients are involved in an ongoing review of progress towards reaching established goals and objectives. The plan is reviewed by staff and client weekly.

Readiness for Discharge

The client has achieved the goals of recovery that were identified upon admission and can safely be treated in a less restrictive environment.

An alternate plan has been developed which addresses ongoing treatment needs.

The client has received maximum benefit from the stay in the program.

A client may be discharged administratively upon the recommendation of the clinical team in consultation with the Medical Director.

- Our team recognizes that a successful transition from residential care to home and outpatient treatment requires both preparation and planning.
- Therefore, we ensure development of a detailed aftercare plan prior to discharge.
- A discharge plan that identifies outpatient providers, residence arrangements and ongoing course of treatment is developed collaboratively with client (and family where appropriate) and clinical team. Immediate aftercare appointments are scheduled for clients before they are discharged to ensure a smooth transition and continuity of care.

An Overview of Illness Management and Recovery Topics

These topics are the foundation of NPCRS' group therapy program, and the handouts that accompany each topic, or "module" give clients a comprehensive reference guide to recovery to take with them when they are discharged. Illness Management and Recovery (IMR) is a thoroughly researched program proven to support recovery in both inpatient and outpatient settings.

- Recovery strategies
 - This topic includes a discussion of how different people define recovery and encourages people to develop their own definition of recovery. Pursuing goals is an important part of the recovery process. This group helps clients set recovery goals and choose strategies to pursue these goals.
- Practical facts on mental illness
 - This topic provides information about mental illnesses, including facts about how diagnoses are made, what the symptoms are, how common they are, and the possible courses of the disorders.
- Stress-Vulnerability Model and treatment strategies
 - This topic focuses on the nature of psychiatric disorders, including factors that can influence the course of these disorders. According to the Stress-Vulnerability Model, psychiatric illnesses have a biological basis. This biological basis or vulnerability can be worsened by stress and substance use, but it can be improved by medication and by leading a

healthy lifestyle.

- Building social support
 - This topic concentrates on increasing social support. Having social support means feeling connected to and cared for by other people. This is especially important to help clients reduce stress and relapses.
- Using medication effectively
 - This topic reviews medications for psychiatric disorders. Information about the effects of medications, including advantages and disadvantages, as well as strategies for getting the most out of medication is provided.
- Drug and alcohol use
 - This topic focuses on the effects of drug and alcohol use on mental illnesses and other parts of life and suggests strategies for reducing these effects.
- Reducing relapses
 - This topic introduces strategies for reducing relapses of symptoms and for minimizing the severity of any relapses that may occur and encourages development of an individual relapse prevention plan.
- Coping with stress
 - This topic describes different ways of coping effectively with stress and offers specific strategies for dealing with stress such as using relaxation techniques, talking with others, exercising, and using creative forms of expression.
- Coping with problems and persistent symptoms
 - This topic presents strategies for coping with common problems and persistent symptoms. Coping strategies can be effective at reducing symptoms or distress

related to symptoms.

- Getting one's needs met in the mental health system
 - This topic provides an overview of the mental health system, including the services and programs available through mental health service providers in the community. It includes information to help clients evaluate what programs they might like to participate in to further their own recovery. It also includes strategies to help clients advocate effectively for themselves when encountering a problem in the mental health system.