



## **Adult Psychosocial Rehabilitation Program**

### **Mission**

#### **Our Mission Statement**

Our mission is saving the minds of our community one mind at a time.

Brightlife Enhancement Services is a community-based organization that is dedicated to providing life skills training and education to adult men and women. We assist by providing quality outpatient care for substance abusers and those with behavior issues. The end result of our services is a new person with the confidence needed to restore his or her life.

Brightlife Enhancement Services defines its' Psychosocial Rehabilitative Services as a Program that consists of a network of services designed to support and restore community functioning and well-being of adults with a serious and persistent mental illness. The purpose of the program is to promote recovery, resiliency, and empowerment of the individual in his/her community. Program activities aim to improve reality orientation, social skills and adaptation, coping skills, effective management of time and resources, task completion, community and family integration, vocational and academic skills, and activities to incorporate the individual into independent community living; as well as to alleviate psychiatric decompensation, confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth.

## **OVERVIEW OF THE PSYCHOSOCIAL REHABILITATION PROGRAM**

### **I. ADMISSION**

Admission criteria includes the following:

- A. The person is 18 years or older and has the presence or history of a serious mental illness, based upon medical records, which includes one of the following diagnoses by a psychiatrist: schizophrenia, major mood disorder, psychotic disorder NOS, schizoaffective disorder or borderline personality disorder.

AND



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- B. As a result of the mental illness, the person has a moderate to severe functional impairment that interferes with or limits role performance in at least one (1) of the following domains: educational (i.e., obtaining a high school or college degree); social (i.e., developing a social support system); vocational (i.e., obtaining part time or full time employment); self-maintenance (i.e., managing symptoms, understanding illness, managing money, living more independently) relative to the person's ethnic/cultural environment.

AND

- C. A completion of assessments which include a review of the client's somatic status and housing needs and a review of the client's rights.

AND

- D. The person chooses to participate in the program.

I. CONTINUED STAY

- A. An assessment appropriate to the model of PRP as specified in the standards, indicated at least one (1) of the following:

- 1) As a result of the mental illness, there are or continue to be functional impairments and skill deficits which are effectively addressed in the psychiatric rehabilitation plan. In the event that earlier efforts have not achieved the intended objectives, the revised plan indicates service modifications to address these issues.

OR

- 2) There is a reasonable expectation that the withdrawal of services may result in loss of rehabilitation gains or goals attained by the consumer.

OR

- 3) A change in program or level of service is indicated and a transition plan is in place reflecting the proposed change.

AND

- B. The person chooses to continue participation in the program.

II. DISCHARGE

Must meet criteria A and B, or C, or D and E



A. The person is not expected to receive additional rehabilitative benefits from the program.

AND

B. There is a reasonable expectation that the withdrawal of services will not result in loss of rehabilitation gains or goals attained by the consumer.

OR

C. The person has successfully achieved rehabilitation goals and sustained them for a period of time as designated in the rehabilitation plan.

OR

D. The person voluntarily terminates from the program

AND

E. Upon discharge or termination, the person is informed of his/her rights and the process for appeal.

## PSYCHIATRIC REHABILITATION STANDARDS

### I. PROGRAM DESCRIPTION

#### A. General Program

##### 1) Scope.

These policies establish the minimum requirements for the provision of both site-based (clubhouse and other site-based psychiatric rehabilitation) and mobile psychiatric rehabilitation for individuals with serious mental illness.

##### 2) Description of Services.

Psychiatric rehabilitation assists persons 18 years or older, with functional disabilities resulting from mental illness to develop, enhance, and/or retain: psychiatric stability, social competencies, personal adjustment and/or independent living competencies so that they experience more success and satisfaction in the environments



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of their choice and can function as independently as possible. These interventions should occur concurrently with necessary treatments, and should begin as soon as clinically possible, following diagnosis. A planned program of goal setting, functional assessment, identification of needed and preferred skills and supports, skill teaching and managing supports and resources is needed to produce the desired outcomes consistent with a person's cultural environment. Documentation of contact notes that documents services delivered, significant events, incidents, etc.

Brightlife Enhancement Services Program is founded on the principles of consumer choice and the active involvement of persons in their rehabilitation. Psychiatric rehabilitation practice is guided by the basic philosophy of rehabilitation that people with disabilities need opportunities to identify and choose for themselves their desired roles in the community with regard to living, learning, working, and/or social environments.

The program provides both informal and formal structures through which participants can influence and shape program development. The practice of psychiatric rehabilitation, is comprised of three strategies:

- (1) Helping persons identify goals; (2) Helping persons plan strategies and acquire necessary skills to reach and maintain desired goals; and (3) Helping person develop necessary supports to maintain those goals.

Brightlife Enhancement Services program aims to assist persons to develop, reach, and maintain goals of their choice in the community. Our practices include:

- Engaging persons in the program



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- Assessing with the person his/her interest and preferences for rehabilitation services
- Developing rehabilitation plans
- Defining the person's preferences regarding a rehabilitation environment
- Educating the person about mental illness and recovery
- Promotion of Individual Wellness Self-Management and Recovery/Health Promotion and Training
- Helping the person learn about what is available in the community and identifying options the person may be interested in pursuing as rehabilitation goals
- Assessing what the person needs and prefers in terms of skills and supports to develop, achieve, and maintain rehabilitation goal(s)
- Direct or indirect skills teaching
- Assisting the person in gaining and utilizing supports and resources including linking the person with appropriate community services mindful of cultural content
- Advocating for the person as needed
- Creating a socio-cultural environment which supports recovery
- Developing and implementing strategies to assist the person in developing, achieving, and maintaining rehabilitation goal(s)

These psychiatric rehabilitation activities/techniques are designed to provide the person with the opportunity to: (1) become informed about the illness; (2) assess what is needed to recover; (3) choose rehabilitation goal(s); and (4) plan for and obtain the experiences needed to develop the skills to achieve recovery. A key element of rehabilitation is experiencing a valued role in the community and obtaining and using the power to make choices about one's life. Such experiences are essential to cognitive and behavioral change that underpin the recovery process for any person.

### 3) The Psychiatric Rehabilitation Program



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The psychiatric rehabilitation process consists of three phases – assessment, planning, and implementation. Each phase involves the person’s chosen support system and services provider designing the development of wanted and needed skills and supports relevant to the person’s background.

- a. A functional or goal-based individualized assessment includes the completion of an evaluation of social and environmental supports and an evaluation of strengths and unmet needs in areas of psychosocial functioning as they relate to a person’s goals and priorities consistent with the person’s culture.
- b. Planning includes developing a participant-specific rehabilitation plan which includes periodic reviews which establishes goals and objectives and plans for skill and support development. The plan development process involves both staff and participant (if he/she chooses) involvement using methods appropriate to the psychiatric rehabilitation program model.
- c. In site-based programs, the implementation of services may take place individually or in groups. In mobile programs, services are delivered individually (or for up to two persons, as outlines under mobile description). The following are examples of appropriate services which should be addresses consistent with the person’s culture.
  - i. Psycho education: Mental health education regarding self-management of symptoms, medications, and side-effects.
  - ii. Health education: Education regarding optimal physical health.
  - iii. Assessing rehabilitation preferences: Determining with the person whether his/her personal perspectives and preferences regarding participation in the psychiatric rehabilitation process.



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- iv. Setting rehabilitation goals: This is the process by which the person chooses the desired rehabilitation goal(s).
- v. Functional Assessment: Determining with the person the specific skills and supports or resources the person needs and prefers to develop, achieve, and maintain rehabilitation goal(s)
- vi. Skills Teaching and Development: Providing persons with needed and desired skills to develop, achieve, and maintain rehabilitation goals. Teaching methods may be direct or indirect. Examples of areas for skill teaching/development include:
  - Solving Problems
  - Maintaining the living environment
  - Managing resources
  - Using public transportation
  - Planning menus and preparing food
  - Skills for self-care
  - Skills for socializing
  - Skills for budgeting
  - Communication and interpretation skills
  - Pre-vocational and vocational supporters

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