Performance Standards

Psychiatric Rehabilitation Services
Clubhouse

Performance Standards are intended to provide a foundation and serve as a tool to promote continuous quality improvement and progression toward best practice performances, to increase the consistency of service delivery and to improve outcomes for members

Disclaimer: These Performance Standards should not be interpreted as regulations. Entities providing services as part of the HealthChoices program must first be enrolled in the Pennsylvania Medical Assistance program as the appropriate provider type. Providers must then comply with all applicable Pennsylvania laws, including Title 55, General Provisions 1101, licensing program requirements and any contractual agreements made with Community Care Behavioral Health Organization in order to be eligible for payment for services.

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PERFORMANCE STANDARDS
PSYCHIATRIC REHABILITATION SERVICES

CLUBHOUSE

Final
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These performance standards are the result of a series of meetings and discussions facilitated by Community Care Behavioral Health, with representation from network psychiatric rehabilitation clubhouse providers, county representatives, representatives from oversight entities, and persons who receive psychiatric rehabilitation services. These standards are intended to clearly articulate Community Care's expectations of contracted clubhouse providers and define the parameters of reasonable standards of practice for the provision of psychiatric rehabilitation services which follow the clubhouse model. The standards incorporate key principles from the practice standards developed by Boston University and the International Center for Clubhouse Development (ICCD).

The standards are intended to provide a foundation and serve as a tool to promote continuous quality improvement, facilitate progression toward evidence-based practices and promising practices and to increase the consistency of psychiatric rehabilitation service delivery. Providers are expected to monitor adherence to the standards and to take actions where indicated to comply with the standards. Programs using the clubhouse model of psychiatric rehabilitation are expected to follow the standards developed by the ICCD and to be certified by the ICCD within two years of start-up. The ICCD standards can be accessed by visiting the ICCD website at **www.iccd.org**.

I. GENERAL DECRIPTION OF PSYCHIATRIC REHABILITATION

Psychiatric rehabilitation services assist persons18 years or older with functional impairments resulting from mental illness to develop, enhance, and/or retain psychiatric stability, social competencies, personal adjustment, work related skills, and/or independent living competencies so that they experience more success and satisfaction in the environments of their choice and can function as independently as possible. Psychiatric Rehabilitation services are designed to address the needs of individuals with a history of severe mental illness as evidenced by a diagnosis of schizophrenia, major

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mood disorder, psychotic disorder not otherwise specified, schizoaffective disorder or borderline personality disorder of the DSM IV classification. The person receiving services must also have a moderate to severe functional impairment as a result of mental illness and be agreeable to participation in a psychiatric rehabilitation program.

BRIEF DECRIPTION OF CLUBHOUSE MODEL

The ICCD defines a clubhouse, as "… a community intentionally organized to support individuals living with the effects of mental illness Through participation in a clubhouse people are given the opportunities to rejoin the worlds of friendships, family, important work, employment, education, and to access the services and supports they may individually need. A clubhouse is a restorative environment for people who have had their lives drastically disrupted, and need the support of others who believe that recovery from mental illness is possible for all."

Clubhouse programs under the ICCD standards include the work ordered day, transitional employment, and social programming. Clubhouses welcome members into these activities which support them in achieving success in living, learning, working, and social roles in the community.

The practice of psychiatric rehabilitation within the clubhouse model is composed of the following strategies:

- Supporting members in establishing engagement and rehabilitation readiness – the self-awareness, confidence, hope, and motivation necessary to actively participate in the rehabilitation change process
- With the support of the Clubhouse community, providing members with the opportunities to join or rejoin the worlds of meaningful work, friendships, employment, and education, and to access other needed services within the broader community.
- Supporting members in establishing or identifying goals related to specific living, learning, working, or socializing community environmental roles
- Supporting members in planning strategies and in acquiring the necessary skills and resources to reach and keep their desired goals.
- Supporting members in developing the necessary supports to maintain those goals and valued roles.

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Clubhouse services are provided within a continuum of care, inclusive of treatment, recreational, social, vocational, educational, natural supports and other services.

Clubhouse programs are founded on the principles of choice and the active involvement of persons served (within Clubhouses, always referred to as "members") in their rehabilitation. Clubhouse service planning is intended to be directed by the member and be oriented to the individual's strengths, service needs and goals. The clubhouse model provides a framework for service delivery that clearly reflects these goals. Key elements include effective participation by members in planning, delivery, and direction of services, along with a focus on recovery and accessing self-help resources that are available.

The clubhouse model requires that members be actively involved in the design, development and management of their overall rehabilitation, including planned intervention activities and overall service plans. With the assistance of staff, people who are effectively involved in Clubhouse programs should be able to articulate their individual goals and objectives (although not necessarily in "professional" terms) and to identify ways in which their current activities are intended to assist them in achieving those goals and objectives and further their own recovery. When useful, community-based resources should be incorporated into the collaborative service planning and implementation approach with the member. All services are to be delivered in a manner consistent with the principles of recovery.

Clubhouse programs are expected to be structured around the key elements of the clubhouse model, including the work-ordered day, transitional and supported employment, evening and weekend program. The ICCD has established thirty-six standards of operation and guiding principals to which all certified clubhouses must adhere.

Clubhouses are expected to continually assess individuals' needs and resources and to guide them to use the program in a manner that addresses their rehabilitation goals As part of the quality management program, satisfaction with services and progress toward individualized goals and functional outcomes, is continually assessed by members and staff together,

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II. SETTING

Consistent with the ICCD standards, the clubhouse has its own identity, including its own name, address, and telephone number and is located in its own physical space. The ICCD standards require that the clubhouse is separate from any mental health center of institutional settings, and is impermeable to other programs. The Clubhouse is to be designed to facilitate the work-ordered day and be attractive, adequate in size, and convey a sense of respect and dignity

III. PROGRAM SPECIFICATIONS FOR CLUBHOUSE SERVICES

Clubhouse programs are expected to adhere to the standards issued by the ICCD and to achieve and maintain certification by the ICCD.

Clubhouse programs should have demonstrated competence in the identification of and attention to substance abuse as well as mental health issues. Activities such as NA/AA meetings are adjunctive to the psychiatric rehabilitation process for some people participating in a psychiatric rehabilitation program; however, they are not in and of themselves psychiatric rehabilitation activities.

Clubhouse model providers are expected to serve as change agents to help other service providers, members and potential members, and other stakeholders to be more aware of the rehabilitation process. They are also expected to promote the inclusion of interventions throughout the service delivery system that supports individuals with serious mental illness to work toward readiness to engage in a rehabilitative process.

Documentation Expectations

An initial planning process must begin upon the first day of attendance. An individualized, rehabilitation assessment and plan for site-based services must be developed by the 20th day of attendance, not to exceed 2 months from the initial date of attendance. The plan can be revised subsequently as appropriate to meet the goals of the member. The plan must be comprehensive, must be in written form, completed with the member present and include means of integrating the psychiatric rehabilitation goals with the goals of treatment and other community support services.

Psychiatric rehabilitation plans must be reviewed monthly with each member, revised in partnership with the member at least every three calendar months, and allow for full input and assessment of progress by the member. This process will

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assist individuals in processing their feelings on their progress toward their own individual goals. The process should also guarantee the involvement of the members in writing their individual goals.

The plan should incorporate specific objectives that are suggested and/or endorsed by the member as relevant to his/her life goals. Each objective should include a standard of observable measurement that will form the basis of review by the member and the program. Plans should reflect the individual's stage within the psychiatric rehabilitation process. Goals and objectives should therefore relate to one of the following psychiatric rehabilitation stages:

- Engagement or rehabilitation readiness development
- Choosing rehabilitation goal(s) that can be categorized within one or more of the four domains.
- Developing skills and supports to achieve an environmentally specific rehabilitation goal
- Maintaining a valued educational, social, vocational, or residential role. These roles may be evidenced by action taken either in the larger community or within the walls of the clubhouse.

The plan should be completed in partnership with the member through active participation and review of their individual progress, and co-signed by the member, indicating his/her agreement. The value of the process of discussing and including the individual's perspective on progress toward goals cannot be overstated.

The rehabilitation plan should also incorporate the individual's wishes regarding treatment (Advance Directives, Wellness and Recovery Action Plans, or other crisis relapse prevention plans) during periods of increased psychiatric symptomatology when relevant and when the individual agrees that this is of importance. Advance Directives or WRAPs can be referred to and supported by rehabilitation plans.

Documentation for clubhouse programming must include progress notes that are written after every day and must include duration and, to the extent possible, relate directly to the action steps outlined in the goal plan. It is important to note however, that ICCD standards mandate "Members choose the way they utilize the Clubhouse, and the staff with whom they work. There are no agreements, contracts, schedules, or rules intended to enforce participation of members."

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In the clubhouse model member participation in the full spectrum of activities that are part of the work-ordered day is regarded as an essential element of the rehabilitation process. The work ordered day is structured to respond flexibly to the needs of the clubhouse as a whole as well as to the individual member. Therefore, the member-driven participation in any activity of the work-ordered day is viewed as part of the rehabilitation process, and this will be reflected in the daily note The ICCD standards state, "All work in the clubhouse is designed to help members regain self-worth, purpose, and confidence; it is not intended to be job-specific training."

Whenever feasible, the member should participate in the regular evaluation of progress, including participation in the writing of progress (or daily) notes. Providers are expected to have individuals co-sign each progress note, indicating his/her agreement with the content thereof. If the individual is unable, unwilling to co-sign or does not find the process of writing or reviewing daily progress to be beneficial, the provider must document the reason for not signing, and the note must include documentation of the provider's efforts to re-engage the individual in a collaborative service documentation process. Record keeping must also be consistent with the requirements of the Pennsylvania Medical Assistance Program. Also, monthly written progress summaries must reflect the individuals' progress on their individual goals, be completed in partnership with the individual and signed by the individual.

A. Clubhouse Program Specifications

Hours of Operation

As indicated in the ICCD standards, clubhouse programs define work-ordered day hours and also offer evening and weekend programming outside the parameters of the work-ordered day.

Staffing Patterns

The ratio of staff to members in clubhouse psychiatric rehabilitation programs must be based upon the needs of the population served, the program needs, and program location (urban vs. rural) as well as other factors that may impact ratios.

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- Programs must have a minimum of one full-time equivalent staff for every ten members based on average daily attendance.
- Average daily attendance is computed at least monthly.
- At least one psychiatric rehabilitation worker or specialist must be present at all times.
- A minimum of 25% of the staff must be a specialist or above.
- It is expected that staff will reflect the cultural diversity of the participant population
- Trained staff will be available or other accommodations made to address the language needs of the participants, including signing, Braille, and foreign language.

The Program Director must have the following:

- A minimum of a Bachelor's Degree and at least 3 years work experience in direct mental health services, which must include either 60 hours of psychiatric rehabilitation training or two years of work experience in psychiatric rehabilitation. Management or supervisory experience is highly recommended.

Or

- Three years as a psychiatric rehabilitation specialist.

A Psychiatric Rehabilitation Specialist must have:

- A minimum of a Bachelor's Degree and 2 years of mental health direct care experience, which must include either 60 hours of psychiatric rehabilitation training or 2 years of work experience in psychiatric rehabilitation.

Or

- A minimum of a high school diploma or equivalency and 6 years of mental health direct care experience, which must include either 60 hours of psychiatric rehabilitation training or 2 years of work experience in psychiatric rehabilitation.

A Psychiatric Rehabilitation Worker must have:

- A minimum of a high school diploma or equivalency and 2 years of work experience in human services, which must include one year of mental health direct care experience or a Bachelor's Degree with an academic concentration in an area relevant to the position.

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A Psychiatric Rehabilitation Assistant must have:

- Education or experience as appropriate.

The County/Community Care may accept accreditation or certification by a nationally recognized organization as evidence that an individual has met the appropriate staff qualifications, provided that the certification standards equal or exceed those delineated above.

At least 25% of all staff within each psychiatric rehabilitation program must be certified through the US Psychiatric Rehabilitation Association (USPRA) as psychiatric rehabilitation practitioners (CPRP).

Criminal history checks are to be completed for all employees of the facility who will have direct contact with the service recipients. Facilities shall develop and implement written policies and procedures regarding the action that will be taken based on the outcome of the criminal history and background checks.

Physical Facility

Adequate space, equipment and supplies must be provided in order that services can be provided effectively and efficiently. Program space, equipment and furnishings must be separate and distinct from other services within the facility and kept well maintained.

Access

In addition to compliance with the ICCD standards for facility space, the Clubhouse facility must be readily accessible to the persons it serves and should be an integrated part of the community (ies) served. Sites should be compliant with the requirements of Section 504 and with the requirements of the Americans with Disabilities Act (ADA). The provider's program service description should include written documentation of the assessment process undertaken to assure that facilities used are in compliance with the ADA and Section 504, and with any other applicable laws, rules and regulations. The service description should also identify the means employed to assure that this information, and compliance, remains current.

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B. Concurrent use of clubhouse in conjunction with other Psychiatric Rehabilitation Services

Mobile psychiatric rehabilitation and clubhouse services can be provided concurrently under certain limited circumstances. This would include a person transitioning to a clubhouse service or from a clubhouse service to mobile service who needs assistance in the transition, or other specific issues that have been identified as requiring both services.

The concurrent use of site-based and clubhouse services require that the member and the providers coordinate very closely on the delivery of services. The goals of each service must be well defined and delineated, and seen as necessary to the overall specific goals of the member. Both services must ensure attention to and support of the interventions of each distinct service.

IV. PROCESS SPECIFICATIONS

Admission Criteria

- Clubhouse members must be 18 years or older and have a current diagnosis of serious mental illness (consistent with current DPW policy), based on medical records, including a diagnosis by a psychiatrist of (but not necessarily limited to) schizophrenia, major mood disorder, psychotic disorder NOS, schizoaffective disorder or borderline personality disorder. If the clubhouse program proposes to serve an individual not meeting the above diagnostic eligibility criteria, the provider must review the individual's clinical profile with Community Care on an exception basis. Persons with co-existing disorders (e.g., mental retardation, substance abuse disorders, physical disability, and organic brain dysfunction) are eligible to participate in psychiatric rehabilitation programs, unless the individual's limitations related to those conditions are so severe as to clinically preclude active participation.

- Recipients must also have moderate or severe difficulties in functioning in at least one of the following domains as a result of their mental illness: vocational, social, educational and self-maintenance relative to the person's ethnic/cultural environment.

And

- The person chooses to participate in the program

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Clubhouse programs must conduct a comprehensive assessment with each member of strengths, skill deficits and needs relevant to recovery. This assessment must occur at least quarterly and should coincide with the progress reporting and with permission of the member, involve the individual and appropriate significant others (including providers of treatment and other support services). The assessment of individual strengths and needs and subsequent service plan will be conducted by a Psychiatric Rehabilitation Specialist or Program Director, who is also responsible for reviewing the plan with the person and others as appropriate.

The assessment should indicate that the person has or continues to have difficulties functioning in at least one of the following life domains:

- vocational
- social
- educational
- community success

The individual will co-sign the assessment and updated plan signifying informed participation and agreement with the goals and objectives.

Effective and meaningful participation in service planning and delivery is a hallmark of psychiatric rehabilitation services. Demonstration of these key elements is a critical part of the functioning of each program.

Psychiatric rehabilitation programs must offer services to help individuals develop rehabilitation readiness – the confidence, hope, and motivation necessary to identify environmentally-specific goals and participation in the rehabilitation change process.

Continued Stay Criteria

Psychiatric rehabilitation programs must conduct a comprehensive re-assessment of individual strengths, needs and interests at least every three months. Assessment may be done more frequently if warranted by change in circumstance or in the individual. The re-assessment should result in a revised service plan developed with the individual. The re-assessment should indicate that the individual meets one of the following criteria:

- 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

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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

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

Or

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

And

- The person chooses to continue participation in the program

Successive rehabilitation plans must include goals and objectives that address specifically the identified need(s) in terms of psychiatric rehabilitation services. The individual will co-sign the re-assessment, signifying informed participation and agreement with the goals and objectives.

Discharge Criteria

An individual may be deemed ready for discharge if the individual meets the following criteria: The person is not expected to receive additional rehabilitative benefit from the program.

And

- There is a reasonable expectation that the withdrawal of services will not result in decompensation. Reference should be made to the documentation of precipitants of symptom exacerbation.

Or

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- The person has successfully achieved rehabilitation goals and sustained them for a period, as designated in the rehabilitation plan, and is in agreement that clubhouse services are no longer necessary to maintain recovery

Or

- The recipient voluntarily terminates from the program

Or

As per the ICCD standards, an individual may be discharged if that person poses a significant and current threat to the general safety of the Clubhouse community.

And

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

It is expected that some individuals may embark upon a rehabilitative process through psychiatric rehabilitation services, but reach a point where it is mutually agreed that the service is not the most appropriate to meeting the individual's needs at that time. In such situations, the provider is expected to fully explore other service options with the individual, including the possibility of social rehabilitation to foster a readiness for psychiatric rehabilitation.

At the time of discharge or termination, it is expected that, with the member's desire and written consent, Clubhouse staff will work with the person with primary case management/coordination responsibilities, the member, significant others, behavioral health and health care providers and others involved in providing on-going or needed services to develop effective linkages.

Adherence to the documentation guidelines is expected to capture the details of the rehabilitative process to support decision-making related to medical necessity determinations.

*Note, In addition to the criteria outlined above, discharge criteria should also adhere to ICCD standard that "Membership is voluntary and without time limits." This standard requires that regardless of current level of functioning, a person may remain an active member of the clubhouse program for as long as he/she wishes.

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Coordination of Care

Clubhouse programming is offered in a manner distinct from but coordinated with other mental health programs. Clubhouse programs are not to operate in a silo, but rather foster a high degree of coordination with other behavioral health/ human services and community/natural supports.

It is expected that individuals involved in a clubhouse program will have access to case management services and that they will, to the extent that the member is willing, receive medically necessary case management services (Intensive Case Management, Targeted Case Management, Blended Case Management, Resource Coordination, Administrative Case Management or through participation with a Community Treatment Team). With the member's desire and written permission, the clubhouse provider is expected to participate with case management services and to have communication with all behavioral health treatment teams (within the scope of applicable laws, rules and regulations) for collaboration on coordination of care issues. The provider is also expected to assist the member in accessing other levels of clinical and supportive services. The following activities will also be provided according to the needs of the members: liaison with mutual support networks and advocacy groups, family members, and members; status reports to clinical treatment teams; and coordination with educational or vocational programming will also be available.

It is also necessary that the member and the providers serving the member work together to ensure that services are delivered in as efficient, and least restrictive manner as possible, avoiding the duplication of like services to the extent possible.

Service Authorization Process

In order to initiate the service precertification process with Community Care, the provider is expected to complete a functional assessment with the person to be served. That same day, the psychiatric rehabilitation clinician is to call Community Care to initiate the precertification process. It is acknowledged that the completion of the functional assessment and the gathering of other supportive clinical information, such as psychiatric evaluation and diagnostic confirmation may take some time. However, providers are expected to contact Community Care as early in the process as is possible.

The Community Care care manager reviews the clinical information presented, verifies that the individual meets the admission criteria and medical necessity,

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reviews the initial psychiatric rehabilitation goals for appropriateness, reviews the groups indicated for relevance to stated goals, and looks for evidence of the long-term goal(s) for psychiatric rehabilitation services. An initial service authorization of 60 days from the date of the functional assessment is given at the completion of the precertification process.

The first continued stay review is conducted prior to the expiration of the initial authorization. Providers are expected to complete the telephone review of the rehabilitation plan for the individual to conduct the first continuing stay review. The plans are reviewed to determine if in fact interventions are appropriate to the stated goals, the functional assessment continues to demonstrate the medical necessity for the services, and some progress toward goals is being realized. An authorization for up to 90 days is issued provided the above criteria are met. It is important to note that the clubhouse model is designed to address goals from all rehabilitation domains identified in the functional assessment. While the enhancement of work related skills is most evident in the clubhouse, and therefore frequently is selected as a domain in which members establish goals, they may select goals associated with any domain, choosing a vocational goal or not. The expectation for a vocational goal; however, is reasonable given the role of work in the Clubhouse model and it is important to note that the scope of vocational goals includes goals related to any meaningful activity within the clubhouse, work within the clubhouse, or activities related to learning new task-oriented skills. Goal plans for Clubhouse participants should be individualized to each participant's specific situation.

It is expected that when providers request authorization for an individual participating in the clubhouse, the individual is actively participating in clubhouse psychiatric rehabilitation services and these services are clearly psychiatric rehabilitation in nature and not social rehabilitation. Goal plans, the overall rehab goal and progress notes must clearly support that the individual is working on psychiatric rehabilitation goals in the Clubhouse. All documentation must demonstrate that interventions are directly related to the goal plan and overall rehab goal. Social rehabilitation services and activities are not eligible for authorization through Community Care.

When an individual is discharged from services, the provider is expected to notify Community Care's care manager. The care manager reviews the status of goal attainment and the linkage to additional services and supports post discharge.

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V. STRUCTURAL SPECIFICATIONS

Provider Qualifications

Providers must be licensed by DPW, OMHSAS to be qualified to render site-based or mobile psychiatric rehabilitation services. For clubhouses, providers are also expected to have certification through the International Center for Clubhouse Development (ICCD). The provider shall show evidence of the incorporation of psychiatric rehabilitation principles through the development of an organizational culture committed to those principles. Such evidence should initially be found through a written statement defining the mission, vision, and values of the organization. Further specific evidence should be found in the service description to be reviewed and submitted to Community Care on an annual basis. Evidence will also be found in the strategic, operational and program-related materials designed around fundamental psychiatric rehabilitation principles. Further detail regarding provider qualifications is included in the DPW standards.

Staff to client ratios must be adequate to support the activities of the program as defined by the outlined program description.

Staff Training Requirements

Completion of a twelve-hour competency-based orientation is required and is provided through the Department of Public Welfare. Staff is expected to have completed this training within 1 year of the hire date or program start-up. Staff must complete 18 hours per year in continuing education in areas directly relevant to psychiatric rehabilitation services required for all staff in psychiatric rehabilitation programs. The initial 12-hour orientation qualifies for 12 hours of the first year's training. The provider is expected to maintain accurate records of all training and education efforts and to assure that these are in compliance with DPW, Allegheny County and Community Care standards.

Provider Records

Provider records must include documents verifying employee work schedules, job descriptions, employee qualifications and performance reviews as well as the training protocol and records. Documented policies are to include affirmative action, complaint and grievance process, and a conflict of interest policy. There

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must be a description of services to be provided and a record of daily clubhouse psychiatric rehabilitation units.

Service Records

Psychiatric rehabilitation programs must maintain records on each person receiving service. In addition to referrals and identifying information, an individualized rehabilitation assessment and plan signed by the participant must be included as well as documentation that the participant meets the admission and continued stay eligibility criteria, documentation of coordination of care with health care providers and other social service agencies, and any required consent forms. Progress notes should be reflective of the goals established on the service plan, with ongoing reviews. Progress notes must be legible and signed and dated by the person providing the service and the participant.

VI. QUALITY MANAGEMENT

Each psychiatric rehabilitation service provider shall have in place a written Quality Management (QM) plan document that is reviewed and updated annually to reflect the effectiveness of internal program processes, overall satisfaction with services, and outcomes for members. The QM plan must be submitted to Community Care Behavioral Health as part of the credentialing process. The QM plan should also be submitted with the annual service description to Community Care. A copy shall also be submitted to the appropriate County Behavioral Health Office.

The QM plan should identify at least one measurement in each of the following three areas, process, satisfaction, and outcomes measurement, to be examined on an annual basis. Possible targets for measurement and evaluation include:

1. Assessment of the on-going effectiveness of the program
2. Degree of input from members into the development of the program
3. Program fidelity to the ICCD standards.
4. Means of assuring the effectiveness of staff and of staff training
5. A process for the effective management of, and response to, complaints of members and the ability to aggregate complaints to improve program effectiveness
6. Means to assess satisfaction with services from members
7. Assessment of the effectiveness of linkages between behavioral health programs, housing, employment and education programs and natural supports

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Each psychiatric rehabilitation service provider shall provide for a systematic review of services to ensure quality, timeliness and appropriateness of services. An outcome evaluation system also needs to be developed to determine program effectiveness, efficiency and satisfaction. The outcome evaluation system must be written in a manner so as to assure that service goals and objectives of members are incorporated into the evaluation plan.

VII. OUTCOME MEASUREMENTS

Psychiatric rehabilitation programs have been noted to be of significant value to individuals with serious and persistent mental illness. Clubhouse providers are expected to utilize the Outcome Measure for Psychiatric Rehabilitation that was developed collaboratively by Community Care, psychiatric rehabilitation providers, Allegheny County OBH, and AHCI.

Expected outcomes for psychiatric rehabilitation services include:

- Increased community tenure
- Reduced psychiatric hospitalization
- Reduced involvement with criminal justice
- Decreased use of illicit drugs and/or alcohol abuse
- Improved satisfaction as assessed by members with
- Behavioral health services received
- Quality of life
- Increased active participation in treatment and service planning
- Improved adherence to agreed-upon services
- Active self-notation of progress
- Heightened self-esteem (self-report)
- Improved vocational functioning
- Improved educational status
- Improved stability of housing status
- Improved GAF score

Providers are expected to capture some subset of the indicators above on a routine basis to substantiate the aggregate outcomes for the people being served in the program overtime. Providers are expected to work cooperatively with Community Care when specific outcome measurement plans are proposed.

Attachment: ICCD Standards

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