



**S.T.A.R.S.
Psychiatric Rehabilitation Program
Quality Assurance Report
Reporting Period: 4/01/23 - 3/31/24**

Introduction:

The Dickinson Center's S.T.A.R.S. (Supportive Teamwork Aimed at Recovery & Success) Psychiatric Rehabilitation Program is entering its fourteenth year of service to community members in McKean County. The program continues to work in tandem with and gain support from DCI's other PR programs located in Coudersport and Ridgway, PA. The program's members partner with PR staff to identify the skills, strengths and supports that they currently have, via the completion of a functional assessment at intake and annual re-evaluation, as well as identifying the skills that they feel they will need to achieve their goal(s). The assessment and subsequent goals and objectives are identified within the living, working, learning and social environments of their lives, with skill-building also focused on their health and self-maintenance.

Program staff assist and partner with members in developing their personal rehabilitation goal plan, as well as objectives to focus on in their daily program planning. Groups and activities are planned and designed to teach/model their desired and/or needed skills, and regular individual sessions with PR Staff assist individuals with assessing their progress and/or identifying current barriers to their progress. Family, friends and other agencies are involved in this recovery process, as indicated and requested by the members. The S.T.A.R.S. program, which has primarily operated between the hours of 8:00 am and 4:00 pm, Monday through Friday, underwent an operational change, starting in April of 2024. It will now be open four days per week, Monday, Tuesday, Thursday and Friday. The program's day is structured into six group sessions starting at 8:45 am and running to 2:45 pm each day.

Referrals:

Since May 1, 2023, the program has received 12 referrals from local sources, provider agencies or individuals, however our primary referral source continues to be the Guidance Center, located here in Bradford, PA and their Outpatient Services. Our second most frequent source for referrals would be self-referrals from community members themselves. Local medical providers have also sent referrals to the program. These last referrals have been the most difficult to engage and bring into the program. Often, on initial contact, they deny interest in joining the program, or report that they are simply not sure and then break off contact. We had four self-referrals during this period, three from members who had attended previously, that sought to return to continue working on skills. These three resulted in admissions, with the fourth dropping out before completing the initial assessment period. Two referrals from the Guidance Center similarly changed their minds during the initial phase of the program and broke off contact. One client was transferred from the Ridgway PR program as a result of his county seeking more permanent housing options for him, which were unavailable in his home county.

Admissions:

Since May 1, 2023, the S.T.A.R.S. program has had 7 admissions, with our current member census, as of March 29, 2024, at 19 members. Our average daily census, over the last 30-day period, has dropped slightly to 4.24 members. The program continues to make efforts to increase and support member engagement and to improve the retention of members through personal contact, phone contact, letters, and communication with other natural and formal supports. Member retention is an ongoing program challenge and we continue to strive to find creative ways to support the participating individuals in their recovery process and connect them to skills, services, supports, and resources that they express interest in. We have experienced an increase in member retention and the readiness of our members to work on their preferred domains, skills and personal goals. There were 0 authorization exceptions this year, per managed care and state guidelines. The program was able to complete needed documentation in order that individuals wanting services were able to attend Psych Rehab and meet their continued stay criteria to work on their self-identified goals.

Continued Stays/Exceptions:

Over the course of this review period, there were no concerns related to member continued stay authorizations. All but one of the current S.T.A.R.S. members recovery are funded by managed care in the form of Community Care Behavioral Health with one member being currently funded by his home county mental health system as he decides whether he will remain a McKean County resident. During this past year, there were two members who required the completion of an exception from and verbal approval from CCBH for continued stay. One returning member did require verbal authorization of services from CCBH as a result him having concurrent A.C.T team services already in place.

Psychiatric Hospitalizations:

There were 2 inpatient psychiatric hospitalizations which occurred at the beginning of this year and both of which involved the same member who felt he needed more restrictive setting in order to re-evaluate his medication regimen. The hospitalizations allowed for medication review and adjustment, and the individual was able to return to the program after brief stays and reengage with services to continue their work learning recovery skills. Following the second inpatient stay, the member has begun demonstrating more stable moods and an increased hope and is making progress for their future.

Discharges:

The S.T.A.R.S. program recorded 10 discharges over the course of this past year, with an overall average reported length of their stay being 217.50 days. Of these discharges, 2 were planned successful discharges, with one member reaching her goal of obtaining employment and the second transferring to the Ridgway PR program after changing counties. One member was placed in an inpatient psychiatric setting, one was for physical health concerns and treatment, and the final 6 were members who either abandoned the program or did not complete the intake process. The individuals ultimately severed contact with the program and had changed their phone numbers/home addresses.

Complaints/Grievances:

There were two informal complaints lodged with the Senior PR Director over the course of this review year, both regarding the program's Director and both being made by one single member. Both complaints were made via telephone to the Senior Director and involved the member being dissatisfied with group topics/expectations. The Senior Director reviewed these incidents with the member and discussed the complaints with the Director to reach a successful resolution to both complaints.

Policy changes:

There have been no agency policy changes regarding PR services over the course of this past year. The Program Director, Senior Director and Compliance officer continue to review and monitor agency updates to ensure regulatory compliance.

Review of Adherence to Service Description:

The Program Director and Senior Director have reviewed the program's service description and have ensured that all programming and services provided are in adherence with that document's guidelines. This process will continue, going forward, to ensure the program's adherence to professional and state expectations.

Satisfaction Surveys:

We invite our members to complete satisfaction surveys on a quarterly basis and the results over the past year have been fairly positive. We continue to value our members' feedback and view it as a guide for responding to their needs and interests as we continue to serve them and the community. Bi-yearly surveys were completed in July/August of 2023, with an average participant response score of 4.5 out of a possible 5-point rating and March of 2024, with an equivalent participant scoring of 4.5 out of a total of a possible 5. Staff, or peers, do assist two members, who are functionally illiterate, with their verbal completion of the surveys. The most recent survey, conducted in March, 2024, with 15 respondents, included 0 "strongly disagree" or "disagree" responses, 7 "neutral" overall responses and the remainder being indicated as "agree" or "strongly agree". Of the 15 surveys completed, only 1 provided an additional comment to expand upon their responses, stating "I believe recovery is the key to success and a longer, happy life." The results were shared during PR staffing and organizational member groups, as well as group planning discussions, in order to address, respond and improve issues of member dissatisfaction.

Member Satisfaction and Advisory Meetings:

These client surveys were completed over the course of one week each, as a result of member schedules and other services requirements. After completing the surveys, the group is given time to discuss and review the program, the groups schedule currently in place, program strengths and member concerns. During these discussions, PR staff review and suggest alternate group topics and skills for consideration. In discussing the program's schedule of groups, there are routinely few changes suggested or requested by the members. The members mainly move existing groups to alternate days and/or times. Members do continue to support having two topic options for each scheduled group as it they feel it offers more flexibility and gives them more input on a daily basis.

Staffing Changes:

There have been staffing changes which occurred within the program during course of this past year. Robert Green, BA, CPRP remains the Program's Director. Robert continues attempting to grow in this position, actively communicating with his supervisor and the agency's compliance officer to enhance the quality of services and deliver effective programming for the site-based PR Program.

Samantha McFall, BA, was started as a Psych Rehab Specialist for the program in January of 2023, with the approval of the state obtained through the application of a waiver request submitted in January, 2023. Samantha ultimately chose to leave the program, tendering her resignation in October, 2023, and prior to earning her CPRP.

Kaitlyn Wareham, was started as a Psych Rehab Specialist for the program in January of 2024, and the approval of the state is currently being reviewed through the application of a waiver request submitted in February, 2024.

Chart Review/Audit:

Results:

17 charts were audited during the period of 5/1/22 – 3/31/23, and these continue to demonstrate improved completion of all regulatory requirements, even though the timeliness of audit completion has been affected by staff turnover. The program's Senior Director has assisted with completing chart audits and devoting time to staff training on the audit process. This has resulted in an increased awareness of problematic areas and struggles to be addressed.

Charts concerns were noted to include:

1. In several charts it was noted that the member re-engagement form had historically been used incorrectly, indicating member attendance/contact rather than contact with outside supports and services. This issue continues to be addressed during staff supervisions with no ongoing instances of this being reported during this past year.
2. Staff initials were discovered missing from the group identifications on several member notes. These have been corrected as they are found and staff continue to monitor this issue with group discussions being devoted to remind/educate members on the completion and importance of their daily notes. One note was missing a client's signature. The client had left the area and severed contact prior to being discharged.
3. Member notes have continued to be completed in pencil (1 note/chart) or various colored inks (multiple notes/three member charts). This has also been reviewed with members during group discussions with fewer instances being noted in recent months. Both staff and program members are reminded to utilize either black or blue ink when completing documentation.
4. One occasion where yearly paperwork was completed late due to the client's hospitalization for physical health concerns, leading to her discharge from the PR program. After a lengthy hospital stay, the member did return to the program.
5. 2 Charts were found to have needed authorizations to release information missing. These were completed upon discovery and staff supervision time has been devoted to reviewing the intake process with new staff.
7. One occasion where a yearly functional assessment was completed 6 days late as a result of the member's inconsistent attendance and staff's being incarcerated for a period time after starting the admission process.

All new staff are trained in and review the chart auditing process with the Senior Director during supervision meetings, as well as with the Program Director during training sessions.

It should be noted that the program's Annual Quality plan outlines that 2 to 3 chart audits would be completed monthly, but this number has not been met on a few occasions due the Director alone completing these as a result of staff leaving, being hired or being trained on the process. The Director takes responsibility for this issue and all new staff are trained to complete audits to assist in this process.

With regards to chart/program reviews, from the state licensure review last year, which happened on 4/12/23, several content suggestions were proffered by the reviewer:

Staff have worked to include more information in the functional assessments regarding natural and formal supports. The form itself has been updated during this period to allow for a more thorough and informative dialogue between the staff and members. The Statement of Rights form, completed and signed by members upon admission, was suggested to include some indication that the form and its rights were reviewed and explained verbally, as well as in a written form, to acknowledge that some members may be limited in their ability to read or comprehend fully what they are reading. Program Director Robert Green suggested adding/clarifying a line at the end of the form stating "These rights were reviewed and verbally explained to client on this date and this form is being updated through the agency's documentation processes.

Current Issues, Concerns and/or Challenges:

The ongoing loss and addition of new staff, the result of unexpected staffing changes, continues to present challenges both to the program's ability to provide services, as well as the members' confidence in the reliability of new staff. These issues have been experienced by all three programs during the course of this past year, creating challenges in monitoring the programs and filling staffing schedules. Program staff continue to rise to this challenge to ensure member needs and safety are maintained as the number one priority.

PR staff continue to review and update changes in our electronic documentation by working with the IT department to streamline the process and make documentation more thorough and representative of member needs, strengths and experiences.

During this period the S.T.A.R.S. program also invested resources into the maintenance and appearance of the program for the benefit and comfort of the members. A new floor was completed in the staff restroom, new conference chairs and tables were purchased, as well as new desks for the staff offices. New security options were added with locked doors requiring anyone to be "allowed/buzzed in" to the program to ensure that client safety and confidentiality are maintained at all times. Lastly, the main conference/group room has been partially repainted and redecorated to enhance the new furniture, resulting in a very positive response from the members.

Program Outcomes:

Our members continue to report and document successes in their lives. Notable instances are:

- "I have a job that I like, finally, but I won't have the time to keep coming to PR."
- "I have stayed in my apartment for over a year and now I am going to move into a house all my own, and with handicapped access"
- "I am going to increase from 4 to 5 days a week at work starting in February."
- "I have taken more control over my finances and decisions, with the support of my group home staff."

Staff continue to seek and engage in psych rehab training and are registered for this year's state PAPRS conference starting the week of April 8th. New staff are being registered for the PAPRS 12-hour Orientation training, with Ethics and Documentation trainings to follow afterward.

Members hosted an Open House event for the Bradford community and service providers in February 2024. They share updates on community events and activities and continue supporting each other and encourage involvement to further their goals and successes. Staff

have also worked to coordinate with and support the Coudersport and Ridgway Psych Rehab programs to continue a more interconnected and uniform system of service delivery within the agency.

Future Projections/Goals:

We continue to work toward increasing the member census through the referral process. We are increasing staff/program connections by meeting monthly with the other site-based and mobile psych rehab programs of DCI. We continue to build internal connections, collaborations and team building, acknowledging individual initiatives and accomplishments. We work toward increased collaborations and connections to our external resources, agencies and programs in McKean County. We support newer staff through the onboarding process and will support their work and progress in seeking their CPRP when they are ready.

Action Steps:

1. Continue work to increase program referrals and admissions.
2. Continue to improve the consistency of connected documentation, specifically focusing on the functional assessment, quarterly review summaries, and the resulting rehabilitation plans and goals.
3. Assist Kaitlyn Wareham with her CPRP trainings and acquisition.
4. Support the Coudersport PR program, as needed, until they are fully staffed once again.

Respectfully submitted,

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Psych Rehab Program Director/Caseworker
S.T.A.R.S. Psychiatric Rehabilitation Program