



**Psychiatric Rehabilitation Program - Ridgway
Quality Assurance Report
4-15-23 to 3-1-24**

Introduction

This DCI S.T.E.P.S. Psych Rehab Program, nearing its fourteenth year of service to community members, has experienced several changes over the past year. We continue to successfully adjust to staffing and program changes and challenges while supporting our partner PR program(s) with staffing shortages. We have been exited to see a gradual return to a more flexible and community connected program. Our Psychiatric Rehabilitation (PR) program continues to serve members from the Elk and Cameron County areas. Members partner with PR staff to determine what skills/strengths they currently have and the skills they feel they need in order to achieve their goal(s) within the living, working, learning and social environments. Staff also support skill building in overall health and wellness and self-maintenance. The program members assist and partner with staff in developing their personal goal plan as well as daily program plan. Groups and activities are designed to teach desired and needed skills and PR staff also provide individual sessions to assess progress or barriers to progress. Family, friends and other agencies may also be involved in this recovery process. The program operates primarily between the hours of 7:30 am and 3:30 pm Monday through Friday. We continue to provide Saturday services once/month to allow for recovery activities and opportunities for skill building with individuals. We were recently successful in adding the mobile component to our service provision and license which has allowed increased support and opportunities for members. We also “folded” a separately licensed mobile-only psych rehab program of Dickinson Center into our current program. This has been a significant change that members and staff are working through.

Referrals

Since April 15, 2023 we have received 35 referrals from several sources and agencies. We have slowed referrals due to staffing issues and are working to get back to full staff. Our consistent referrals are from DCI Blended Case Management, DCI Outpatient Services, Cen-Clear Behavioral Health, Penn Highlands Behavioral Health, and Cameron/Elk Counties Behavioral & Developmental Program. We are receiving more referrals from various other local entities and from existing members, and an increased number of self-referrals. The overall number of referrals is down for the third year in a row, and while the program remains vibrant and active, we continue to seek to increase our referrals. Program interest and referrals have been impacted by the lingering effects of the pandemic, illness overall, and an increase in mobile services. Our current population is also aging, which has affected their consistent participation in on-site services. We are working on finding creative ways to introduce our community agencies and individuals to the benefits of psychiatric rehabilitation services.

Admissions

Since April of 2023 we have had 45 admissions across both the mobile and site-based PR services. Our current enrollment as of 3/1/24 is 46 and average daily census was 11.14 over this time period. This is combining both site and mobile members. Overall this is down. We are responding to staffing issues, changes in staff routines, and member engagement issues. We are making more consistent efforts to increase and support consumer engagement and to improve our retention of members through personal contact, phone contact, letters, and communication with other natural and formal supports. We have worked to increase our outreach to members who have been struggling to attend and offered support and ideas/options when they were unable to get to the program. Member retention is an ongoing focus/challenge and we have been brainstorming to find creative ways to support individuals in their recovery process and connect them to skills, services and supports, and resources that they express interest in. Telehealth services remain significantly decreased as other community resources and activities are available to members. This remains an opportunity for skill-building in problem solving, self-care, and community awareness and involvement. We have experienced an increase in member retention and readiness in working on preferred domains, skills and personal goals.

While two new exceptions were necessary this year, we were able to complete the needed documentation so that individuals wanting services were able to participate. We remain in contact with the County MH Administrator to review and discuss service interests and need areas for these individuals. These contacts are scheduled for every four to six months and on an as-needed basis due to changes in life circumstances for individuals we serve.

Psychiatric Hospitalizations

There were six psychiatric hospitalizations this past year, with all being voluntary hospitalizations, allowing members to self-direct their choice of location/agency and be a more active part in their care. All members of these voluntary admissions were able to return to program upon discharge. There were four medical hospitalizations for members. These experiences have prompted ongoing support and skill-building for self-care skills and increased work on managing medical conditions and issues. We continue to support, coach and teach members about advocacy and identifying relapse-related challenges. We promote partnerships with service providers and encourage relapse prevention, problem solving, decision-making and personal safety skills within program activities and interventions.

Discharges

There were 28 site and 15 mobile PR discharges this past year. The average length of stay was 499.25 days for site-based services and 599.63 days for mobile services. This is an increase from last year's average. One contributing factor is that several members who had participated over longer periods of time struggled with persistent symptoms. Several presented reasons for discharge included aging issues and the need for increased supports, obtaining work, members moving from the area, difficulty adjusting to the structure of the program, readiness and lack of interest, lack of communication with program, successful use of other services, transportation issues, and successful completion of recovery goals. We had an increase in members who were admitted, attended less than five times, and were not ready or interested in attending an on-site program.

We remain dedicated to member engagement. We support and promote personal choice while encouraging members to overcome barriers related to attendance. We seek to address discharge skills and preparedness in sessions and talk to members about the opportunities for their recovery as they move on from services.

Complaints/Grievances

There were no grievances this past year. We continued to hold monthly member advisory meetings and worked through program suggestions, ideas, and input from members. This allowed for everyone's active involvement in sharing their thoughts and ideas on a regular basis. Members have worked together to resolve issues around chores, program planning, respect, and group involvement. They have been provided opportunities to build recovery skills around patience, supporting others, listening, and acceptance/tolerance. We hold monthly member/peer advisory meetings and members are active in addressing membership issues, concerns, newsletter planning, planning for program activities, and communicating about group successes and concerns. Members are active in programming and planning recovery activities.

Policy Changes

There have been no program policy changes in 2023/2024. We continue to function as we have and are supporting members within the regulatory parameters and psych rehab principles and practices. We have adhered to all OMHSAS and agency regulations and policies. This is something we have been mindful of and continue to educate and inform members about. Policies for mobile and on-site programming remains the same, just combined.

Review of Adherence to Service Description

Over the past year, we worked with OMHSAS and our payers to combine mobile and site PR services licenses and service line. Our service description was updated last year and does reflect the mobile component. The updated document was submitted and approved by OMHSAS in January 2023. There has been no needed changes since then.

Satisfaction Surveys

Members are invited to complete satisfaction surveys on a bi-annual basis. Results over the past year have been very positive. We always value member feedback and use it as a guide for responding to the needs and interests of the people we serve. Feedback from the surveys is used to evaluate service provision and adjust as needed or necessary. Satisfaction surveys currently average 4.54 out of a 5.0 scale. Member satisfaction surveys were completed at two times over the past year in May and again in December per our Annual Quality Plan. Staff distribute the satisfaction surveys and members help each other to complete them in order to protect the anonymity of the feedback. These results were shared with DCI administration, in PR staffing, and during member sessions. They are used in program planning and service provision as we seek to trouble-shoot and problem solve issues of dissatisfaction, suggestions for improvement, and gaps in services. We brought them to staffing and talked about options and opportunities to respond to member suggestions and feedback.

Member feedback allowed us to volunteer as a program to landscape around the agency sign outside of the building, and include members in a CIT training on a peer panel. We have also increased the variety of session topics that connect with current member interests and issues.

Staffing Changes

Several staffing changes and challenges occurred this past year.

Rita Kraus, BS, CPRP remains in the new role of Senior Director of all Psych Rehab Programs. She works primarily at the Ridgway office, is supporting and coaching Directors of the Coudersport and Bradford PR programs, and is assisting in training new staff. She continues to actively communicate with supervisor and compliance officer in enhancing quality services and effective programming for the site-based PR Programs. She seeks to communicate with all stakeholders including OMHSAS to assist in review of regulations, and responding proactively to opportunities for growth and change. Rita remains active as an advisory board member for PAPRS. She has been active on the PAPRS board for over 9 years. She supports 302 delegate services and chairs the DCI Wellness Committee, now in its 16th year of support for employees. She is traveling more due to staff shortages and supporting McKean and Potter County PR programs.

Cheri Hofmann, BS, CTRS, CPRP moved into the role of Rehabilitation Coordinator. As a PR Specialist she continues to grow into this leadership role more as time passes. She assists with program development and planning. She is expressing an overall increased comfort with her skills as a Certified Psychiatric Rehabilitation Specialist and modeling these skills for other staff. She has actively pursued training and experiences that support her growth in providing quality PR services.

Lindsey Benevich, BS, has grown in her confidence as a PR Worker and now works 32-40 hours per week. She manages a schedule that supports the program and her own needs. After several changes to her schedule, she is planning to participate in CPRP prep courses in 2024.

Ana Arthurs, BS, Psych Rehab Worker, joined our team on 1/23/2023 as an added support to the PR team. She is moving smoothly through the 6-hour training on individual and group services, other PR training, review of regulations, and review of the psych rehab primer and our program manual. She is working on moving into caseload management, and is active in asking questions and relaying on supervisory guidance and support. She has been accepted to her master's program for social work and will be decreasing her weekly hours to 32 in order to accommodate her academic schedule.

Martha Tonchich began working on 2/12/2024 as a part time PR Worker. She is being oriented to all job duties and psychiatric rehabilitation service provision. She brings creative programming and enthusiasm to service members.

Shalya Ferraro began working on 3/25/2024 as a full-time PR Specialist and we are seeking a waiver for her. She has several years working with individuals who live with a mental health diagnosis, but none specific to psychiatric rehabilitation services. She has a bachelor's degree in criminal justice and has begun her orientation process with us.

Mo (Madeline) Marshall also recently began working as an emergency relief (substitute) PR Worker approximately one day each week. Mo is an established DCI employee working at the LTSR in Brookville. She is helping with on-site staffing while another staff member is out on a planned medical leave.

Chart Review/Audit

21 charts were audited between 4/15/23 and 3/1/2024. The majority are showing completion of all regulatory requirements. Occasional quality issues include printing forms from the incorrect format within the electronic health record, being inconsistent in following and documenting progress, and occasionally missing duration and frequency on plans. Chart audits are completed by several staff members in order to increase our team's awareness of documenting and tracking service provision effectively and efficiently. This has resulted in an increase in documentation compliance, mindfulness, and natural conversations about charting and overall quality of our documentation. Charting results included:

1. Encounter forms and how they are tracked for mobile services. We will turn them in monthly to better track these more regularly. This will allow for more frequent quality checks on these forms.
2. A functional assessment completed at 70 days due to member absence and only 5 days of attendance.
3. One incorrect date – that was corrected. We are considering updating some forms now that we have combined mobile/site forms to make them more consistent and streamlined with service provision.
4. An exploration and review of forms that differed in mobile and site charts as we merge these under one license and we will proceed with all forms from site to keep consistent with staff training and quality reviews on charts and service provision.
5. Chart audits are completed on all discharged members and we continue to discuss services provided on each case in supervisions and staffing meetings to better maintain consistency among programs and cases.
6. Telehealth forms are now signed and in charts as expected.
7. Filing issues created some confusion about where forms were – this has been resolved due to meetings with PR staff and administrative support staff.

Audit results are being discussed more consistently during supervision and during staff meetings. The chart audit form has been updated to more accurately capture each chart and service component. There has been increased coaching on chart auditing, and for several months when our census was increased only the director was completing audits. Results are shared with staff as issues were noted.

We continue to complete member surveys and outcome checklists twice a year to assist in reviewing member successes and progress throughout their program involvement. We are working with administrative support staff on filing, staffing issues in this program have impacted the consistency and at times the accuracy of filing documents and auditing has helped us to note and make correction where needed. This remains an area of focus due to ongoing staffing changes and challenges

The PR Director continues to utilize administrative support staff for support with filing and chart review processes, with a recent increase in hours of support. We are looking forward to increased documentation consistency and a “tightening” of chart/documentation care and tracking. Several meetings about filing have occurred this past year to improve communication about managing and tracking documentation in a timely fashion.

Our Annual Quality plan outlines that we would complete 2 to 3 chart audits monthly, and we are just below that with 21 audits completed for the year. This is a result of several closed charts awaiting audit at this time. We continue to train staff to complete the audits. The Program

Director completes all audits when increased census and time constraints do not allow staff this opportunity. We have had help with audits from the compliance officer when staff are covering programs and traveling among agency programs. The overall audit process has been more consistently used as a teaching tool and one that supports recognition of service needs, which leads to creative discussions and more individual psych rehab service provision.

There were no violations during the program's annual licensing in April 2023. During this licensing we clarified our ability to move all PR services under one license as outlined in this report. We informed all involved, OMHSAS, C/E Behavioral Health, and CCBH. We communicated at every step and made this change official on January 1 2024. We are continuing to work on documenting our progress reviews in supervision and staffing, as well as documenting on our re-engagement form our conversations with agencies we collaborate with. We remembered to add mobile on our progress information form, something we forgot last year. We have been noting core trainings and have separated these out on our staff development logs. We have stored handouts from trainings as evidence of how the trainings we attend are related to PR services. These are available either in a file for this license or by hard copy in a folder. We have updated our orientation log to be more comprehensive and outline the shadowing, supervising and beginning individual and group sessions for new staff. We have outlined the required PR trainings as well in our newer orientation form and are using this while finalizing it with staff feedback about what is working for them.

Current Issues, Concerns and/or Challenges

We worked through several staffing struggles over the past year. The schedule changes were ongoing and we continued to seek and eventually hire a new psych rehab worker. This is outlined in our staffing section of this report. Time was spent short- staffed and challenged the overall program schedule. We have adjusted office spaces to allow staff to have private space in order to increase each member's comfort and privacy when talking to staff. We also adjusted and explored schedules that best suit program needs, service provision, and for maximizing services for the needs of individuals we serve. We absorbed mobile PR consumers, staff, records, and equipment this past year.

We have maintained adherence to all COVID 19 protocols and recommendations received from the PA Department of Health and DCI. We remain successful in providing both on-site and telehealth services to all members, with decreasing telehealth over time. We have sought and encouraged personal choice with members for their ratio of on-site to telehealth services. Our members have had an active role in choosing services that meet their needs. We remained vigilant in providing safe services, collaborated with members in following all established protocols, and continue to follow these with success. Members report feeling confident about their safety at our program. They have contributed to daily sanitizing of the program, monitoring of their own symptoms, and remaining home when sick to care for themselves and protect others from exposure.

We continue to provide personal protective equipment in the form of masks and gloves. We have supported, communicated with, and assisted in creating a schedule that allows individuals experiencing the lingering impact of COVID 19 to maintain contact and experience successful involvement in Psych Rehab services. We continue to clean and sanitize of all program areas and surfaces on a daily basis.

We continue with annual trainings and this became very challenging for staff this past year due to staffing shortages, changes in schedules, and decreased attention to details. Staff have been able to prioritize completion of these trainings prior to annual licensing.

Transportation remains an ongoing concern, as the Area Transportation Authority is the only public transportation available in the area. STEPS Psych Rehab members travel from throughout the Elk and Cameron County areas. This remains at the forefront of planning for members to successfully attend the program. We have struggled with ATA's ongoing schedule changes due to the pandemic's impact on their services. We work with Fitch Transportation as another significant transport for members. This has helped to decrease wait times and flexibility in participation. We are active in communicating with drivers in providing safe transport to and from services. In this our contacts with these services has increased to ensure effective communication and reliable transport for individuals. There remains several members who drive themselves increasing flexibility and choice about the time they spend at the program.

We are working to increase collaborative efforts with other service providers. We pursue collaboration with Cen-Clear Community MH Services and other agency services, finding that we are building connections with them that improve member outcomes and coordination of care. This has been reflected in the feedback members give to staff. We continue to meet with other service providers and are increasing in-person versus remote meetings. This has added to the convenience of communicating with others across our area.

Program Outcomes

Our members report the following successes over the past year:

- I got a part time job – and have a job coach.
- I went to visit my grandkids.
- I got a part time job and a new car.
- I am volunteering at an animal haven
- I am on the newsletter committee and helped to put in a few articles.
- I helped to landscape around the agency sign and planted flowers.
- I went to the drop in center for dinner and had help getting there.
- I got to help with a peer panel at a CIT training.
- I lost several pounds and am trying to keep it off.
- I started going to the YMCA and am walking there.
- I started going to karaoke and did sing with support from peers.
- I have in home help and have been able to stay home.
- I stayed in my apartment and passed 2 inspections.
- I went out to lunch with peers and staff and got to be comfortable when eating out with others.
- I am sober 18 months.

The Program Checklist completed 1 or 2 times a year with members allows them to self-assess successes they have achieved. Over the past year members self-report the progress they are making across all domains. Members identify their own successes and progress, and this process has helped to increase a positive view of their recovery and promotes the belief that individuals can and do recover. The tally from these responses is included in our licensing binder for review.

We were successful in implementing an updated Functional Assessment Questionnaire. This has been utilized by staff. This update has increased the sense of completeness when doing a strength based assessment with members.

Staff continue to seek and engage in psych rehab training and we are registered for this year's state PAPRS conference being held on April 11, 12, 18 and 19. Four staff participated in PR and Autism training by CCBH and have begun to utilize these resources in monthly sessions. Online options for trainings has increased, which has helped us in offering more opportunities for training and education options for all staff. Lindsey Benevich was part time for the majority of the year and recently worked on getting her trainings completed. She is registered for the 2024 PAPRS Virtual conference this year and plans to begin the CPRP boot camp as previously mentioned.

Members continue to choose to use fundraising monies to provide protective sheets and coverings for beds and pillow cases for members residing in a local high rise to protect from any bug infestation. They continue to provide them as needed when members move into apartment complexes. They also recently used the monies to send a few peers to a local community festival.

Members have engaged in two fundraisers to build skills in community outreach and connections, and report increased confidence in being able to approach others and interact with a wider variety of people. Members continued to create a quarterly newsletter and helped to create a program flier that uses their statements of satisfaction. They also created a new program logo of recovery. This logo (included at end of this report) is being used to create a program tee-shirt that will be provided to all members. They created several designs and submitted these to the program members for a vote. They chose a butterfly flying in the rain toward a flower with the statement "I am resilient" to reflect the growing recovery skills and journey they are on and working toward. Several of these shirts will be offered at a local *Recovery In The Stix* workshop in May during Mental Health Awareness month.

Program members are sharing updates on community events and activities and supporting each other is safely engaging in these opportunities. This has led to an increase in natural community supports and activities. Members report a decrease of feeling isolated as they are moving out into their communities and encourage each other in doing so. PR services promote this involvement in coaching and serving individuals within their chosen community.

Several members also volunteered to help with planning *Recovery in the Stix*. Members are signing up and we are working with other area agencies in providing transportation, and organizing and planning activities and presenters.

Staff have supported the Coudersport and Bradford Psych Rehab programs when they have been short staffed by travelling off-site and providing sessions and support. Staff have participated on the PAPRS board, executive team and attended board meetings, and state-wide psych rehab meetings. We have submitted our thoughts on regulations and support psych rehab becoming an in-plan service.

Future Projections

We are gradually moving toward full capacity as staffing improves for the PR program. We plan to remain vigilant about safe involvement and participation for all members and staff. We remain committed to increasing our staff connections in meeting monthly with all site-based psych rehab programs of DCI. We are working to build our internal connections, collaborations and team building. We work toward increased collaborations and connections to external resources, agencies and programs that support members and our community. We are working to onboard newer staff, and work to support staff seeking their CPRP once they are ready. We attend our state PRS conference in April and continue to train existing staff in building psych rehab skills and competencies. The program is adjusting to struggles with staffing and therefore service provision. We are seeking to grow referrals as staffing improves. We remain dedicated to supporting member's personal goals and plans and promoting personal choice, hope and empowerment.

Late last year, we began to smoothly transition a mobile PR staff person into our existing program. The staff person had been operating under a mobile PR license, mobile program standards, and a separate PR Director. This transition has required the collaboration of the current Mobile PR Director with the Sr. Director of Site-Based Psych Rehab, allowing us to glean strengths from both program approaches. This staff later resigned, and we have sought and are now training a new staff for this position. The new staff and all existing staff are being cross-trained for both mobile and site PR services. This provides the benefit of having a team for day-to-day and professional support. Expansion of the mobile/community service provision is an area we are exploring in efforts to continue all service approaches with adherence to regulations. We are excited to see how this promotes and grows the mission of recovery through psych rehab, and personal empowerment in our agency and community.

We have designated a Rehabilitation Coordinator to better support program changes and maintain quality service provision within these services. This lead position allows staff to be provided with additional guidance and monitoring, and allows for better support of staff needs and training and consistent programming for our site. We are also working to be more consistent in reviewing chart audits and quality checks beyond timeliness and accuracy. We are delving more into the *quality* of documentation and more accurately reflecting the ongoing work and service provision that is occurring with our program members.

Respectfully submitted,

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