

**Psychiatric Rehabilitation Program - Ridgway  
Quality Assurance Report  
April 2026**

**Introduction**

This DCI S.T.E.P.S. Psych Rehab Program, nearing its sixteenth 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 also supporting our partner psych rehab program. We have been responding 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, social and wellness environments. 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 are also be involved in this recovery process as needed. The program operates primarily between the hours of 7:30am and 3:30pm Monday through Friday. We continue to provide Saturday services once/month to allow for recovery activities and opportunities for skill building with individuals, or as needed due to an individual's schedule and preferred service provision.

**Referrals**

Since April 1, 2025 we have received 41 referrals from area sources and agencies. We have slowed mobile referrals due to staffing issues and are working to get back to full staff. Mobile referrals are more successful in becoming openings than on-site ones. We still are getting more mobile referrals than on-site referrals at this time. Our consistent referral sources are DCI Blended Case Management, DCI Outpatient Services, Cen-Clear Behavioral Health, Penn Highlands Behavioral Health, and Cameron/Elk Counties Behavioral & Developmental Programs. Overall the program remains vibrant and active, and we continue to seek to respond our referrals in a timely manner. This has been more of a struggle lately. Program interest and are impacted by changes with MH services, MH illness overall, and an increase in PR 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 1, 2025 we have had 22 admissions across both the mobile and site-based PR services compared to 37 from last year. Our current enrollment as of 4/1/2026 was 56 (mobile and site combined) and average daily census on-site was 10.96. Overall enrollment has decreased from 67 persons last year at this time. 18 members are currently 60 years or older.

We are monitoring ongoing 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. 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, used in rare situations when individuals are unable to engage any other way, have not been necessary this past year. We review these situations within our PR team and with our compliance officer. 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 3 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 needs areas for these individuals. These contacts are scheduled for every three to six months and on an as-needed basis due to changes in life circumstances for the individuals we serve.

### **Psychiatric Hospitalizations**

There were 2 psychiatric hospitalizations this past year, with both being voluntary hospitalizations, allowing members to self-direct their choice of location/agency and be a more active part in their care. These members were able to return to program upon discharge. There were 5 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. Two individuals were incarcerated, forcing interruptions in their PR services. One individual is still in jail and the other reopened and is continuing with PR.

### **Discharges**

There were 34 PR discharges this past year. The average length of stay was 474.43 days. This is a decrease from last year's average length of stay with a significant increase in discharges. One contributing factor is that several members who had participated over longer periods of time struggled with persistent symptoms and living situations. 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, successful use of other services, transportation issues, and successful completion of recovery goals. We continue to have members who were admitted, attended less than five times, and were not ready or interested in attending an on-site program. We are working to respond to the trend of mobile service provision while maintaining the on-site program as a key MH support to community members.

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 again this past year. We continued to hold monthly member advisory meetings and work through program suggestions, ideas, and input from members. This allows 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. These 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 DCI PR policy changes in 2024/2025. 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 remain the same. We have reviewed the updates to Psych Rehab regulations and have incorporated these changes into our day-to-day process. The 8 dimensions of wellness were used in the past and are now more of a focal point for education support and recovery planning with members.

## **Review of Adherence to Service Description**

Over the past few years, we successfully worked with OMHSAS and our payers to combine mobile and site-based PR services and licenses. Our service description was not updated this past year as service provision remains as outlined. There have been no changes. Staffing patterns are adjusted in order to continue to provide preferred PR programming to members in the community. We review the service description and maintain active awareness of programming and functioning within it.

## **Satisfaction Surveys**

Members are invited to complete satisfaction surveys on a bi-annual basis. Results over the past year have been positive and supportive. We always value member feedback and use it as a guide for responding to the needs and interests of the people we serve. Satisfaction within surveys currently average 4.62 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 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 are 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 also share them during staffing and talk about options and opportunities to respond to member suggestions and feedback.

Member feedback allowed us to offer an increase in creative art programming, including a pottery presentation and a community art show. We have continued with exploring holistic recovery activities, 8 dimensions of wellness, and related skills. Members continue also 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 role of Senior Director of Psych Rehab Programs. While she works primarily at the Ridgway office, she is supporting and coaching the Director of the Coudersport PR program, and is assisting in training new staff across both programs. She continues to actively communicate with her supervisor and the compliance officer in enhancing quality services and effective programming for the mobile/site-based PR Programs. She communicates 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 13 years. She also chairs the DCI Wellness Committee, now in its 18<sup>th</sup> year of support for employees. She is traveling more due to staff shortages and supporting Elk/Cameron county mobile and Potter County PR programs.

Cheri Hofmann, BS, 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 leader and 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. She remains part time work and is active in daily site-based 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 schedule. She has been cross-trained to provide mobile PR services as well and is expressing an increased awareness of members needs within their community and homes. Lindsey has recently submitted her resignation, and we have posted this position.

Ana Arthurs, BS, Psych Rehab Worker, remains full time as of this report. She has also been working on her master's program for social work and will be decreasing her weekly hours to 32 in order to accommodate her academic schedule. In the spring/summer, she will be working a more flexible schedule due to her class schedule.

Martha Toncich has moved to a full-time PR Worker position. She has been oriented to all job duties and psychiatric rehabilitation service provision. She brings creative programming and enthusiasm to service members. She continues working to build recovery and psych rehab service provision skills.

Lisa Zahron is a full-time PR Specialist with a waiver. She has several years working with individuals who live with a mental health diagnosis, but none specific to psychiatric rehabilitation services. She is new to PR hired in February 17, 2026 and is starting the path toward her CPRP. She continues to work through her 90-day orientation process and has already been an asset to the team and members.

Abigail Fallin started in March 2026 as a PR Worker. She is part time and continues to orient and learn about the principles and practices of psychiatric rehabilitation.

## Chart Reviews/Audits

Forty-nine charts were audited between 4/1/25 and 4/1/26. We were more successful than last year with getting audits completed every month. Over 88% are showing 100% completion of all regulatory requirements. This is up from 85% last year. Occasional quality issues include printing forms from the incorrect format within the electronic health record, care of following and documenting progress, and missing duration and frequency on an objective in recovery 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. Findings are reviewed in staffing and supervision. 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. Three recovery plans completed late due to absences. We had them sign immediately, and had them sign a new consent to participate. We support members who struggle with attendance, seeking to meet them where they are at and with consideration to their needs and life events.
2. Three encounter forms that needed signatures, which were corrected. We have members who struggle to keep track, sign and date each date of attendance while on-site. We are supporting them and finding solutions together.
3. 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. This has really helped us track issues and concerns in real time as do monthly auditing practices.
4. Functional summaries – we strive to accomplish these within 30 days of attendance and have accomplished this 96% of the time. For mobile members this is more of a challenge as we do not see them as frequently. We continue to work on this and include members with planning and working on these as well.
5. Filing issues are improving as PR staff now filing due to lack of support staff availability. This actually has helped with accurate filing as staff here know members and forms better.
6. On occasion forms missed information and consistent auditing helped to get these corrected in a timely fashion. Talking about being diligent in fully completing forms and doing so immediately/timely helps to avoid issues, although this continues to happen and remains an area of focus.

Audit results are being discussed more consistently during supervision and during staff meetings. 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 are looking forward to increased documentation consistency and improved 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. We continue to train staff to complete the audits. 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, in supervision (as previously mentioned) and more individual psych rehab service provision.

There were no violations during the program's annual licensing in April 2025. We received no recommendations yet continue to work on areas where we notice improvements would be beneficial. We are continuing to work on documenting our progress reviews in supervision and staffing, as well as documenting conversations with agencies we collaborate with on our re-engagement form and as non-billable notes in avatar. We continue noting core trainings and have separated these out on our staff development logs. 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. We continue to train newer staff in regard to time management, use of PR principles and practices in service provision, and applying those principles in practical ways.

### **Current Issues, Concerns and/or Challenges**

We remain active in seeking solutions for several staffing struggles this past year. The schedule changes were ongoing and we have been able to support and train newer staff who have been assets to our program and team. 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 provide services to mobile PR consumers, this has increased creative service provision over 2 counties.

We have maintained adherence to all health protocols and recommendations received from the PA Department of Health and DCI. 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.

We continue with annual trainings and this became very challenging for staff this past year due to staffing shortages, changes in schedules, and attention to details. Staff have been able to prioritize completion of these trainings prior to annual licensing. We remain involved in the annual PAPRS conference. We are currently attending this year's virtual conference which made it easier for all staff to have direct PR training. All staff have been able to attend due to team support and creative planning.

Transportation remains an ongoing concern, as the Area Transportation Authority is the only public transportation available in the area. When PR went in plan we were able to successfully work with ATA to enroll several members into the MATP program, allowing for reimbursements. For PR services. 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 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. Several members also drive themselves to programming, allowing increased flexibility and choice about the time they spend at the program.

## Program Outcomes

Our members report the following successes over the past year:

- I started training to get my CDL license and am taking some classes to help with the math and understanding I am going to need for the school.
- I kept my job and am doing good at it.
- I got to be with my dad again and our relationship is getting better.
- I have my car, and am paying the monthly payments.
- I made lunch for the group.
- I went to CIT and spoke about mental health experiences.
- I talked to OVR about going to school.
- I helped create the recovery logo for this year.
- I worked on setting boundaries with my family.
- I came to PR more when I was having suicidal thoughts.
- I joined in the wellness activity and did chair exercises.
- I quit smoking when I was diagnosed with COPD.
- I am trying to walk more.
- I went to help with grocery shopping.
- I tried pottery for the first time

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 have self-reported the progress they are making across all domains. Members identify their own successes and progress, and this process has helps 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.

Staff continue to seek and engage in psych rehab training as previously noted. Online options for trainings have increased, which has helped us in offering more opportunities for training and education options for all staff.

Members have engaged in two fundraisers (RADA and Flower Power) this past year, allowing them 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. They also recently used the money to send a few peers to a local community festival and a pottery class.

Members created a new program logo of recovery. This logo 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 candle 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. They post these on the daily announcement list. This has led to an increase in natural community supports and activities. 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. Members participate in the local Drop-In Center, library events, Chainsaw Carving Rendezvous, and community carnival.

Staff have supported the Coudersport Psych Rehab program 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 and conference. We have submitted our thoughts on regulations and support psych rehab becoming an in-plan service.

### **Future Projections/Action Steps**

Here at STEPS PR we continue to respond as able to staffing challenges and work to orient new staff with consideration to PR regulations and staff needs. We remain vigilant about safe involvement and participation for all members and staff. We remain committed to increasing our staff connections by 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 continue 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. We also want to continue to grow in how we assess and support cultural issues, choices, and preferences of members.

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 an effort 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. Referrals for this program are ongoing and we are working to keep up with a wait list at this time.

Our Rehabilitation Coordinator position continues 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 more timely 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.

Staff primarily on-site are meeting on Fridays to address the decreasing membership of this part of services in hopes of staying vibrant with service provision. We are also targeting filing issues in collaboration with our PR team to improve consistent and accurate filing of all documents and keeping everyone vigilant about the care of member charts/documents.

We plan to:

1. Hire eligible staff, orient and train, with a plan to increase CPRPs as able.
2. Work to become fully staffed so we can service all referrals coming in a timely fashion (within 6 weeks of referral).
3. Increase and build leadership skills within the PR team.
4. Create a succession plan for all roles within the PR team.
5. Manage filing and documentation and time management issues through supervision, chart audits and team problem solving and support.

Respectfully submitted,

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