



**Psychiatric Rehabilitation Program – Coudersport  
P.R.I.D.E. (People Reaching Independence Dreams and Excellence)  
Quality Assurance Report  
6/1/2022-4/30/2023**

**Introduction**

This DCI P.R.I.D.E. Psych Rehab Program, nearing its fourteenth year of service to community members, has experienced an eventful year. We continue to successfully maneuver the pandemic and adjust to staffing and program changes and challenges while supporting our partner PR program(s) with staffing shortages. We have been excited to see the lessening of pandemic related restrictions and a gradual return to a more flexible and community connected program. Our Psychiatric Rehabilitation (PR) program continues to serve members from the Potter and McKean 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 9:00 am and 3:00 pm Monday through Friday. We continue to provide Saturday services once/month to allow for recovery activities and opportunities for skill-building with individuals. There has been a slight increase in mobile service as the pandemic lifts and community activities increase and expand. We were recently successful in adding the mobile component to our service provision and license, which has allowed increased support and opportunities for members.

**Referrals**

Since June 1, 2022, we have received 31 referrals from various sources, an increase over last year. Our consistent referrals are from DCI Outpatient Services, UPMC-Cole, and Potter County 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 has increased this year, and as the program remains vibrant and active, we continue to seek to increase our referrals in the coming year. Program interest and referrals had been impacted by the pandemic, other illnesses, and worry of COVID infection while participating in group settings. Recently, participation rates in on-site services have increased slightly, though availability of telehealth and mobile services remain an option. Our current population is also aging, which has affected their consistent participation in on-site services.

## **Admissions**

Since June 1, 2022 we have had 15 admissions. Our current enrollment as of 4/30/23 is 23 and average daily census was 6.09 over this time period. Reasons for unsuccessful follow through with admission vary, but include lack of readiness for change, lack of transportation, conflict with job schedule, lack of child care and relocation out of the area. 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 while connecting them to skills, services and supports, and resources that they express interest in. During COVID-19 flare-ups, some referrals and admissions continued and we focused on safely admitting and engaging services in on-site and telehealth services. Telehealth services have 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 6 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 CCBH and the County MH Administrator to review and discuss service interests and need areas for these individuals. These contacts are scheduled for every 3 months and on an as-needed basis due to changes in life circumstances for individuals we serve.

## **Psychiatric Hospitalizations**

There were 3 psychiatric hospitalizations this past year, each being a voluntary hospitalization, allowing members to self-direct their choice of location/agency and be a more active part in their care. Two returned to program upon discharge and one required a longer term treatment facility and currently resides outside this area. There were 3 brief D&A Rehab stays (3-4 days), with the same individual who struggles with substance use and is in the denial/acceptance stage of recovery. This individual chose to leave the Rehab before the 28 days, and returned to program for continued support and encouragement for their efforts to address their addictions and mental health struggles. There were 3 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. Two individuals are now involved with case management services, and one is a potential candidate for mobile PR services and they report satisfaction with being able to choose how services are delivered with respect to their needs and interests. 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 10 discharges this past year. The average length of stay was 170 days, which is down 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, 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.

### **Policy Changes**

There have been no program policy changes in 2022/2023. 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 pandemic recommendations to protect staff and members and are committed to continue in this way for the duration of COVID-19. This is something we have been mindful of and continue to educate and inform members about.

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

Over the past year, we worked with OMHSAS and our payers to add mobile services to our license and service line. Our service description was updated to better reflect the mobile component and to add member homes/the community as locations for service provision when needed/wanted. The updated document was submitted and approved by OMHSAS in January 2023.

### **Satisfaction Surveys**

Members are invited to complete satisfaction surveys on a bi-annual basis. Results over the past year are improved and 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 conducted in January 2023 average 100% (12) agree/strongly agree with Q#11- *Overall, I am satisfied with my Psychiatric Rehabilitation Services*. There were no strongly disagree/disagree or neutral responses this year. Member satisfaction surveys were completed two times over the past year in August and again in January, 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, along with this Quality Report, 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 conduct our intake, update and review sessions in a more private room/area as there was expressed concern about responding to the more private and sensitive questions within “hearing” distance of PR peers. There was a request to have two group sessions running simultaneously with different topics for discussion. We have also increased the variety of session topics, and obtained the Boston University Center for Psychiatric Rehabilitation Evidenced-Based Recovery Curriculum with Self Directed Skill Lessons and Activities at the request of members. Psychiatric Rehabilitation Services (PRS) Outcome Checklists are also completed upon discharge as they are completed by individuals and staff. These show members reporting successes and progress across all domains, and are summarized under the outcomes section of this report.

### **Staffing Changes**

There have been no staffing changes in the past year. Rebecca Keagle, BSW, CPRP continues as Program Director at the Site-Based Psych Rehab Program- Potter Co. Campus. She continues to learn and grow in this position, actively communicates with her supervisor and compliance officer in enhancing quality services and effective programming for the site-based PR program. She seeks to communicate with all stakeholders, including OMHSAS, in order to assist in review of regulations and responding proactively to opportunities for growth and change. Rebecca is an active member of PAPRS, attended the PAPRS annual conference, and completed 10.5 hours of core CEU's. She also completed 12 hours of core CEU's from Drexel University Division of Behavioral Health and Education. She stays informed of changes in regulations from OMHSAS, CCBH and other regulatory bodies. Rebecca participates in bi-monthly supervision with the Sr. Director as well as monthly combined PR staff meetings. Rebecca provides training, guidance and supervision for Koriann Bollhorst.

Koriann Bollhorst continues to work under a waiver as a Psychiatric Rehabilitation Specialist. She is enrolled in the CPRP prep course and expects to sit for that certification by the end of the year. She is currently working to complete required coursework to earn a Bachelor's Degree by this fall. Koriann is a member of PAPRS and completed 18 hours of core CEU's in documentation and ethics. She attended the annual PAPRS conference and completed an additional 9 core CEU's. Koriann has taken on increased program responsibilities this year along with updating the monthly activity schedule, menu, and leading the Consumer Advisory Committee. Koriann is instrumental in coordinating the Community Garden activity for the 2<sup>nd</sup> year and the local community festivals and fundraising efforts throughout the year. Koriann receives monthly supervision with the PR Sr. Director and bimonthly supervision with the PR Director. She also participates in the monthly All PR staff meetings. Koriann also has the daily support to process questions and clarifications with either the Sr. Director or Director.

Rita Kraus, BS, CPRP continues as the Senior Director of Site-Based 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 her 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 15<sup>th</sup> year of support for employees.

## Chart Review/Audit

28 charts were audited between 6/1/2022 and 4/30/2023. 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 on goals, and forgetting to include 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. The updated chart audit form (5/18/22) significantly improved the audit experience and results, noting that compliance with due dates and expected time frames, all necessary components of the chart were present, member participation in all aspects of their service direction, strong evidence of engagement of members with group discussion, and activities with robust communication between staff and individuals.
2. The addition of the member checklist in January provides the opportunity for increased member involvement with tracking progress toward IRP goals on a daily attendance basis.
3. There is evidence of a significant improvement with identified functional domains matching IRP goals. Staff are intentional in completion of the functional results and assisting with creation of IRP goals in those domains.
4. One functional assessment was completed via telehealth services when an individual was unable to attend in person due to illness. We have been able to decrease this from occurring by updating earlier and improving communication when updates are due, helping individual accountability for regular attendance.
5. There was one release missing for an individual working collaboratively with a different program. There were no incidences of breach and staff were able to obtain that release.
6. There was an illegible NPI number, and staff were able to clarify the number.

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. We are working to identify areas of improvement. There has been increased coaching on chart auditing, and for several months only the director was completing audits. Results were shared with staff as issues were noted. We continue to complete member surveys to assist with reviewing member successes and progress throughout their program involvement. We are working with administrative support staff on filing and form structure, as well as correct completion of intake forms, signatures and progress notes. Accuracy with filing documents and auditing has helped us to note and make corrections where needed.

The PR Director continues to utilize administrative support staff for support with filing and chart review processes. We are looking forward to increased documentation consistency and a "tightening" of chart/documentation care and tracking.

Our Annual Quality plan outlines that we would complete 2 to 3 chart audits monthly, and we have easily averaged completion of 2.5 charts/month. 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. 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 individualized psych rehab service provision.

There were no violations during the program's annual licensing in May 2022. Our training year is recognized to be from June 1, 2022 to May 31, 2023. We have also better identified how we address chart audit and quality check findings in our supervision and staffing meetings, and are growing in consistency with this. We also have increased outlining issues in our quality reporting. Supervision notes now include start and stop times and we are working to address ongoing areas of focus to increase member attendance and group opportunity for staff in supervision notes. We were successful in updating our license to include mobile services. We have included location of service provision on our individual recovery plans and have found licensing feedback helpful in growing the quality and comprehensiveness of our overall efforts. We included "I choose to continue with psych rehab" on our continued stay updates, reflecting member choice and ongoing interest. We are including location to our rehabilitation plans and have been exploring and learning about moving into the community and member homes with the update to our program license. Training logs are now identifying PR core trainings from approved providers. We primarily have trainings from PAPRS/PRA, and recently from the Drexel University Division of Behavioral and Healthcare Education training site.

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

Over the past year we maintained regular staffing schedules. Due to the recent increase in referrals and case load, we will consider the need for an additional PT staff to deliver high quality PR services within regulatory staff/member guidelines. There are times when member interests and needs are diverse and 2 consecutive groups would be beneficial. We offered extended (half-hour) program hours for members who arrive early and prepare for the day's activities such as lunch and kitchen organization, with staff guidance and support. Additionally, with poor weather and late arrivals, we extended a half-hour at the end of the day. We adjusted and explored schedules that best suit program needs, service provision, and for maximizing services for the needs of individuals we serve.

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 the opportunity for 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 impact of COVID 19 to maintain contact and experience successful involvement in Psych Rehab services. We continue to clean and sanitize all program areas and surfaces on a daily basis.

Transportation remains an ongoing concern and barrier, as there is currently no public transportation available in this area for individuals to attend this program. We contract with a private transportation business to provide transportation needs for our program. PRIDE Psych

Rehab members reside throughout the Potter and McKean county areas. This remains at the forefront of planning for members to successfully attend the program. We have struggled with severe weather events and road conditions this past winter, as well as scheduling limitations due to the vast area of this rural county, which restricts the number of days some individuals may attend program. We are active in communicating with the Driver Coordinator and drivers in providing safe transport to and from services. Our contact with this service remains consistent and ongoing, even outside of program hours to ensure effective communication and reliable transport for members. Our members are also encouraged to communicate with transportation to support their own recovery and responsibility for attending PR. There has been an increase in members who drive themselves, allowing increased flexibility and choice about the time spent at the program.

We are working to increase collaborative efforts with other service providers. We pursue collaboration with PCHS, UPMC-Cole, The Guidance Center, Cen-Clear Community MH Services, as well as other agency services. We are building connections with these organizations, resulting in improved member outcomes and coordination of care. We continue to coordinate and participate in a monthly mutual consumer meeting, bringing member successes, needs and progress for consideration. We continue to meet with other service providers via zoom if requested, which has added to the convenience of communicating with others across our area. We also have increased our face-to-face contact, depending on agency guidelines, availability, distance and health concerns.

Early in 2022 we worked to adjust to required changes within our electronic health record. Adjusting to the changes while ensuring PR documentation compliance was a challenge. We were able to find creative solutions and effectively communicate our needs to the IT department. We have successfully adjusted to these changes.

## **Program Outcomes**

Our members report the following successes over the past year:

- I feel safe and respected.
- My peers help me get the support I need for everyday living and maintenance.
- I learn a lot about mental illness from staff.
- PRIDE has helped me deal with my mental illness. I appreciate everything they do.
- I don't know what I would do without this program. I get out of my house and I love it!
- I use my coping skills all the time now at home and stopped pulling my hair out. Now my hair has grown long and I am so proud of myself.
- I obtained my SSI and could not have made it this long without PR staff and peers for support.
- My anger and aggression have decreased considerably since I started PRIDE.
- I feel like I matter.

The Program Checklist outlines progress being made in all domains. It allows members to review and assess progress on their stated objectives and goals each attendance day. Since January, members self-report their successes and progress which has increased a positive view of their recovery and promotes the belief that individuals can and do recover. There continues to be learning in regard to using this tool and staff provide close guidance and assistance as needed. These will be filed in the recovery section of member charts as they complete them.

We are waiting to implement an updated Functional Assessment Questionnaire. This has been updated by staff and recently entered into the electronic health record by IT. We hope to begin using it in the next quarter. We hope this will increase the comfort for the member in responding to the questions in a narrative format as well as capture a more complete picture of needs and strengths on first admittance to the program.

Staff continue to seek and engage in psych rehab training and we attended this year's state PAPRS conference held on April 13, 14, 20 and 21. Rebecca Keagle attended the *Psychiatric Rehabilitation TIPS* training sponsored by Drexel Behavioral Healthcare and Education as a refresher for seasoned PR specialists. Both staff are registered for the *Psychiatric Rehabilitation for Autistic Participants* sponsored by CCBH, which will provide tools to offer our several members with this diagnosis. Online options for trainings has increased, which has helped us in offering more opportunities for training and education options for all staff.

Outcomes for PRIDE PR from 2022 to 2023 are noteworthy in that they continue to participate safely in site-based psych rehab services despite the threat of flare ups of COVID. We continue to provide extra masks for members and their family members and hand sanitizer to members to give to family and friends. As precautions and guidelines change we maintain ongoing conversations around following through with safely engaging in services.

Members have engaged in 2 community/fundraisers (October & May) 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. Recently, they organized, planned for, and participated in a two-day Maple Festival, the annual local event held in the courthouse square. This was a big success for selling our house plants and speaking about the PR program in an effort to challenge stigma associated about mental illness. Members are also excited to participate, for the second year, in the Community Garden, an annual event sponsored by the Penn State Extension Office. They are learning about nutritional values, planting techniques, and soil health, and are developing a sense of accomplishment by growing their own food and using it for group lunches.

Members continued to create a monthly newsletter with the assistance of staff. They choose photos and write short stories of recovery and activities we do in program and promote the benefits of attending this PR. Two PRIDE members were highlighted in the May newsletter, as they submitted entries for the PAPRS Conference R.E.S.P.E.C.T. poster contest. One member earned a 3<sup>rd</sup> place, receiving a monetary prize! The PRIDE newsletter is distributed agency-wide and on social media.

Program members are returning to community activities as COVID restrictions lift. They are sharing updates on community events and activities and supporting each other in safely engaging in these opportunities. They take advantage of the monthly distribution of household goods from a local church and go to the Community Food Pantry during scheduled hours. Staff will transport when requested or needed. This has led to an increase in uses of 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.

Staff have supported the Bradford Psych Rehab program when they have been short staffed by travelling off-site and providing sessions and support. Our program staff have been supported by Ridgway and Bradford staff when necessary. This promotes team building and increased support and cohesiveness for PR programming and service provision.



## **Future Projections/Action**

We are gradually moving toward full capacity as COVID 19 recedes in our area. We plan to remain vigilant about safe involvement and participation for all members and staff. We are moving to increase 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 are working 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 attended our state PRS conference in April and continue to train existing staff in building psych rehab skills and competencies. The program is adjusting to growing members and options for needed and quality service provision. We are seeking to grow referrals. We remain dedicated to supporting member's personal goals and plans and promoting personal choice, hope and empowerment.

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.

Due to the recent increase in referrals and case load in the last quarter, we may consider the need to add a part time Psych Rehab worker to enhance program changes and maintain quality service provision within these services. This will better support 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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